IMPORTANT

DIRECTOR:

FUNERAL

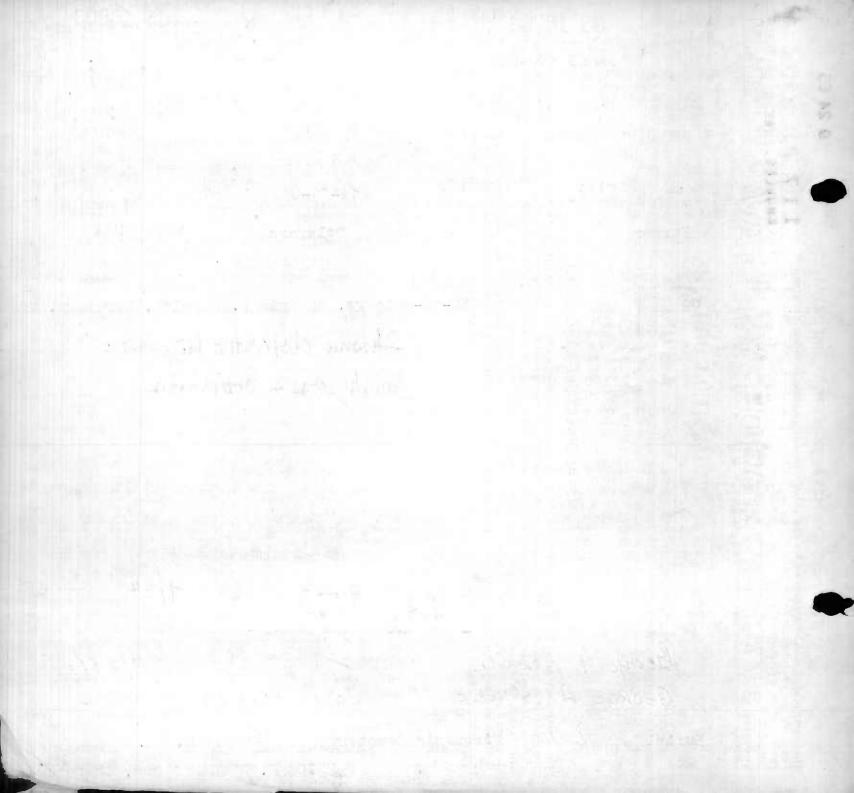
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

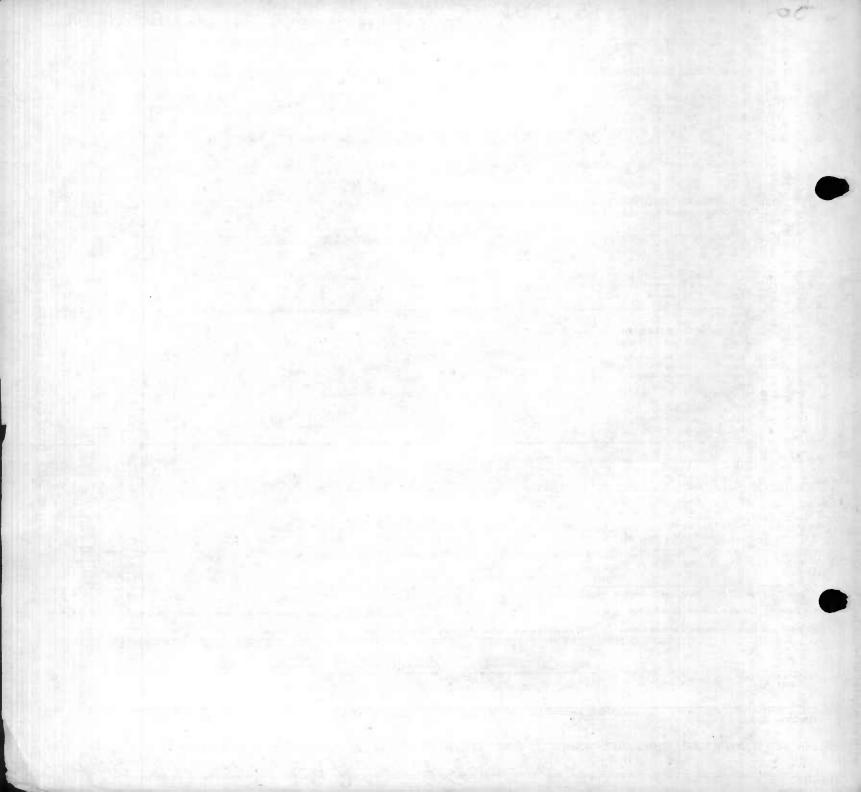
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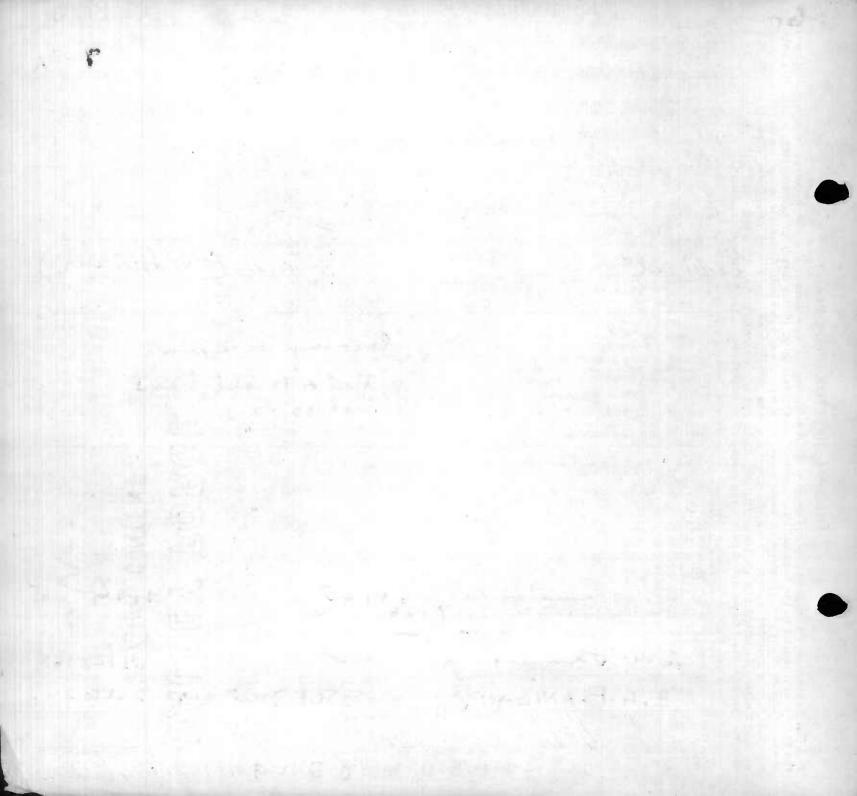
FUNERAL DIRECTOR: IMPORTANT

5	65 1000	2	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 10002
	CASE NO.		CERTIFICA	TE OF DEATH	Registered No.	00 2000
1. NA	AME OF DECEASED Samue	5. Sha	ffer	2. DATE A	AND HOUR OF DEATH	12 10 A.
FL	JLL NAME OF OSPITAL OR oddress or location	r institution, give	e street	MARYLAND	ALM J	stitution: residence befare admission
	Sinai Hospi				i (e locotion)	
					ROGERS AVEN	
	MALE WHITE	MARR	TED (specify)	5/8/1899	9. AGE (In years last birthday) 66	Months Doys Haurs Min.
ióà, done	USUAL OCCUPATION (Give kind of work during most of working life, even if retired) LIQUOR		ORE		MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. F	DAVID SHAFFER		(Feyen)	14. MOTHER'S MAIDEN NA	TH SCHWARTZ	
	os Deceased Ever in U. S. Armed Forcing of unknown) (If yes, give wor or dotes WW 1 ARM	of service)	5. SOCIAL SECURITY NO. 215-24-1480	MRS. SAM S. S	HAFFER 401	ADDRESS ON ROGERS AVE
1	DISEASE OR CONDITION DIR	ECTLY	1	ohyxia		INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of heart failure, asthenia, etc. II means injury or complication which coused ANTECEDENT CAUSES	the diseasew	DUE 10	1	Aspitation	1 HR
	DISEASES OR CONDITIONS, if a rise to the obove cause (A) UNDERLYING CONDITION last.		DUE TO	terisselustie.	Cardis ranu	<u></u>
ATION	OTHER SIGNIFICANT CONDITIONS CL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 17	TED TO THE		AD with Ca	Hiac Enlar	rement.
	19A. DATE OF OPERATION 19B. CONI	ITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or I	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PL home, etc.)	ACE OF INJURY (e.g., form, factory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Baltiman	e City, give exact lacation)
AE (21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Haur) 21E, IN While Wark	At Not Whi		JURY OCCUR?	
	22. I certify tha (1) (this hospital)		deceosed from	9/23 19 65 ond	that in (my) (see) opi	nion death accurred on the day
	and hour and from the couses state	1	(did) did not)			
2	Bernard RA	Circles		tending Med.	Staff Phys.	238 DATE SIGNED 8/29/65
	Bernard R. Sh	ochet,	mg. m.o.	23D. ADDRESS 6804 Path	1 treight	Is Ave, Balto - A
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 9/30/65		REW FRIENDS!		BALTIMORE (C)	ty, town, or county) (State) MARYLAND
25A.		BE TO	REGISTRAR	SOL LEVINSON	BROS. INC.	6010 REISTERSTOWN
	50-REV. 1/1/65					



2306	65 40004 BALTIMORE CITY HEALTH DEPARTMENT
75705	BIRTH NO. CERTIFICATE OF DEATH Registered No. 110
se at the contract of the cont	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
pital an of deat Decease e on th	(Type or Print) Mrs. Ann Mary Rudger 9-26-65 13.30 PM-N
De of	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
<u> </u>	FULL NAME OF (If not in hospital or institution, give street 2843 marshield Ave Baltimer
a hos cause se; (5) endan	HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside City limits, write RURAL and give township)
- 32.	Mercy Hosp Saltamore D. STREET ADDRESS (Il rural, give location)
70	D. STREET ADDRESS (Il rurol, give locotion) 2543 may held Ave
but lar	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
mirinitri misec	F WIDOWED, DIVORCED (specify) 1 - 15-1886 lost birthdoy) Months Doys Hours Min.
o de con	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
tio de tio	done during most of working life, even if relired) Housewife mary land 13. FATHER'S NAME Samuel White 14. MOTHER'S MAIDEN NAME Supera Life
t d	13. FATHER'S NAME
if i	Samuel While Susan Xilly
IMPORTAN or his assistan Also, if the d s of any kind; ounced death ittendance on	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or doles of service) 16. SOCIAL SECURITY NO.
RT Kissis the de	Alls Rice James
O sit you	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
A his of of other terms of other ter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Polyo beginning to death Refreshment of long 2 - 3 years
0 2 5 5 5	(This does not mean the made of dying, e.g.,
IRECTOR: Is examiner of examiner. A (3) A fracture on who prong in regular a ns are embalm	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)
from in the state of the state	ANTECEDENT CAUSES (8)
A A A S A S A S A S A S A S A S A S A S	DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the (C)
(3) (3) and a series	rise to the abave cause (A) stating the (C)
L DIR	
A reduct	OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
VER a m ody he p sicia	U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED OF DEATH?
FUNI ne chic by a 2) Bod re the physic ore th	5 7 miles - Oas m 4ting Stomber - No
== == ===	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) 4 DEATH (notity medical examiner)
N S S S S S S S S S S S S S S S S S S S	
ved by hospite nature; ept wh I (6) No	OF INJURY While At Not While
0.4	Work L. At Work
approfit any (fany)); any se obt	22. I certify that (1) (this hospital) attended the deceased fram. X. 17.65 19 to 7.26.65 19 that (1) (we) last saw the deceased alive an 9.26.65 19 and that in (my) (out) apinion death accurred an the date
0700	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
eased ident hospit o deat must	23A. SIGNATURE 23B. DATE SIGNED
D o o c	M.D. Attending Med. Director Phys. X 9-26.65
s rel	23C. PHYSICIAN'S 2 23D. ADDRESS
certificate oody was 1 s: (1) An a D.O.A. at ased prior	M.O.
P C C P P P P P P P P P P P P P P P P P	24A BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. (City. town, or county) (Stote)
his certif he body hows: (1) ras D.O., eccased	Left 2965 Squal Milled Mage Gallo med
his chebhow how vas leced	25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR





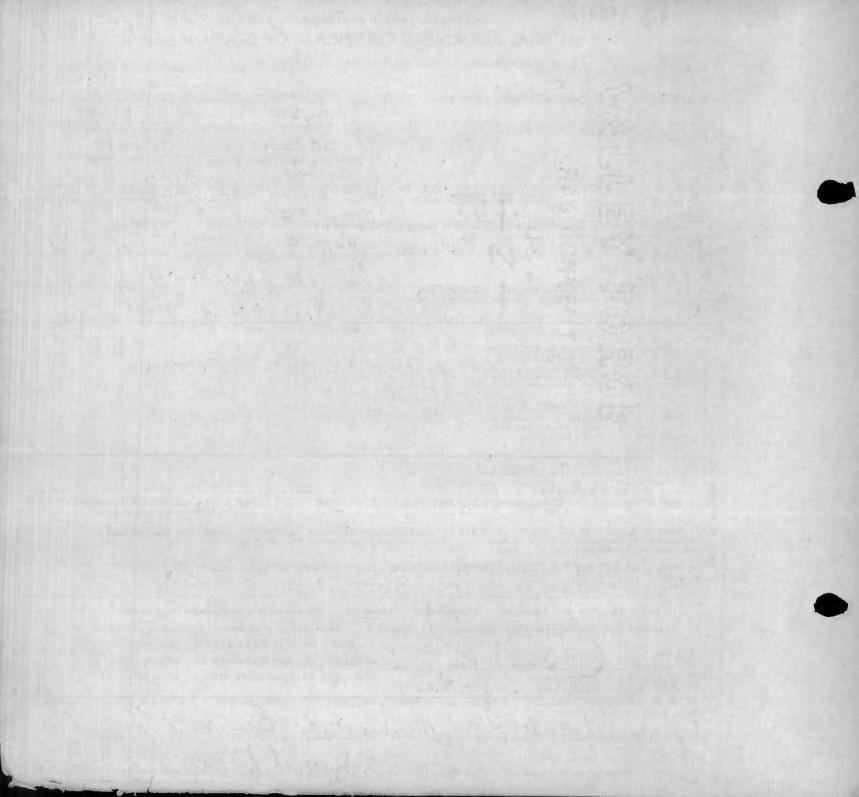
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN FUNERAL DIRECTOR: BIRTH NO.

CATE OF DEATH Registered No.	65 19906
2. DATE AND HOUR OF DEATH	3:30 Pm.
4. USUAL RESIDENCE (Where deceased lived, If instants a. STATE B. COUNTY Baltimo	titulian: residence before admission)
C. CITY OR TOWN (If outside city limits, write RL	2-1-2-2-3
D. STREET ADDRESS (If rurol, give location)	5500
B. DATE OF BIRTH 9. AGE (In years last birthay)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
SAUS. 9, 1890 75	12. CITIZEN OF WHAT COUNTRY?
Rocks, Maryland	U.S.A.
THE RESERVE OF THE PARTY OF THE	
MARY Turner	
17. INFORMANT	ADDRESS
	kton, Maryland
SE OF DEATH	ONSET AND DEATH
TAPHYOCOCCAL SEPTICEMIA	2 days
PAPHYLOCOCCAL PNEUMONIA	One week
bscess of R hip, psoas are	ea,
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
e.g., in or about 21 C. WHERE DID (If in Boltimore et, office bldg., INJURY OCCUR?	City, give exact lacation)
21F. HOW DID INJURY OCCUR?	
While	
work □ Sept 25	t 27 1965.
65	ian death occurred on the date
ot) view the body ofter death.	
	23B, DATE SIGNED
Attending Med. Stoff Phys. Intern	e Sept 27, 1965
M.D. Osler Medical Service,	J. Hopkins Hosp.
	y, lown, or county) State)
Forest Hill,	Maryland
25C. FUNERAL DIRECTOR	1 ADDRESS MAR

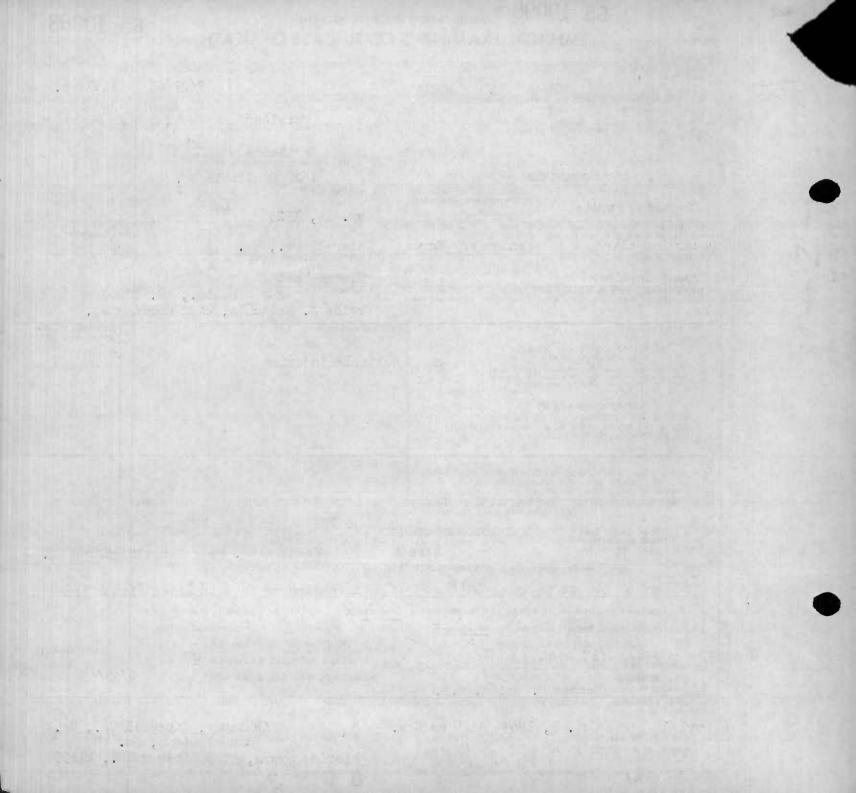
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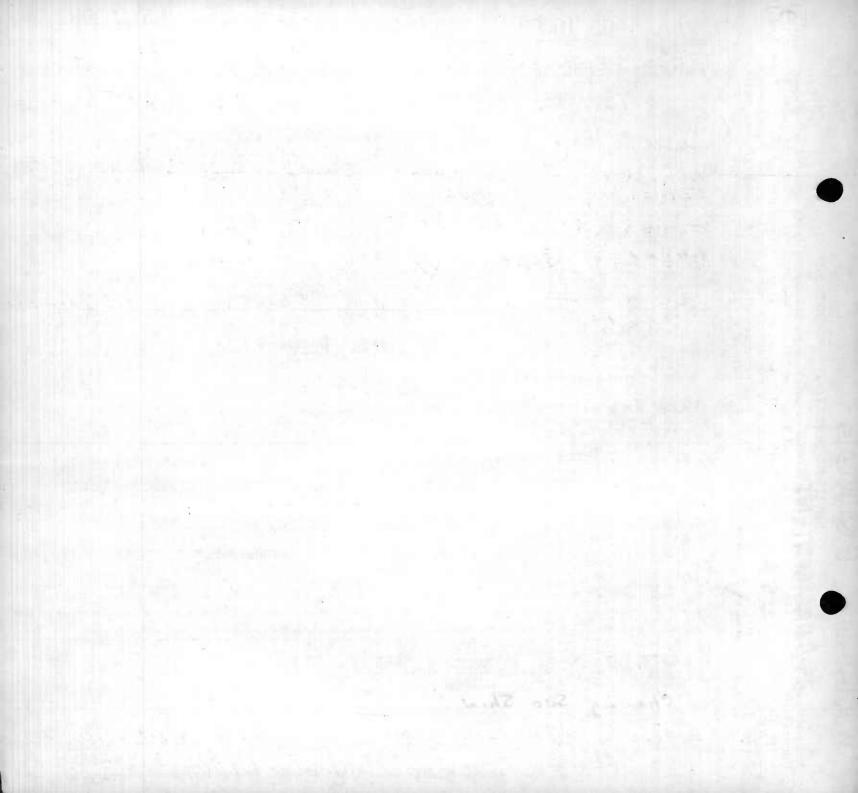
BIRT	H NO.		MEDI	CAL EX	CAMINER'S	CERTIFICA	TE OF	DEATH Registe	ered No.	33007
-	CASE NO.									
1. N (Typ	AME OF DE	GARN	ETT	н.	HAN	IKS		mber 22, 19		12:55 P
3. PI	ACE IN BAL	TIMORE, MARY	LAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESID	vland	deceosed lived. If inst	itution: reside	ence before odmission)
HOS	NAME OF	(IF NOT IN ADDRESS	OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO	~	e corporate limits, write	RURAL one	give township)
0	St. Agn	es Hospi	tal.			D. STREET ADD	RESS (If rurol,		7-1	-
5. SI	X	6. RACE		7. MARRIED.	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	I If Under	1 Yr. If Under 24 Hrs.
-	ale	White		MARRI	DIVORCED (specify)	9.4.1	928	lost birthdoys	Months E	Doys Hours Min.
done	during most of	working life, even			OWNER	VA.			12. CITIZEN	COUNTRY?
111	ILLAR.	D HAI	VKS			Lucia Lucia	LE LE	Luckuni		
		O EVER IN U.S.			16. SOCIAL SECURITY NO.	MRC M	001857	- Hanks 5	ADDRESS	Simonlash
	8. 21 17	0 0			CAU	SE OF DEATH	TGANEI	TINING J	190	INTERVAL BETWEEN
CERTIFICATION	(This does heart foilure injury or co	SE OR CONDI LEADING TO not meen the , osthenio, etc. mplicotion which ANTECENDEN' OR CONDITIO LE ABOVE CAU NG CONDITIO II NIFICANT CON DEATH BUT	D DEATH mode of It meons coused d I CAUSE: DNS, IF AI ISE (A) ST IN LAST.	dying, e.g., the disease, leath,) S NY, GIVING ATING THE	DUE TO IB) DUE TO	eriosclerot	ic Hear	t Disease.		
CERTIF				DITION FOR V	WHICH OPERATION	20A. AUTOPS		208. IF YES, WERE FI		TH?
AL.		L CAUSE WAS		21 B,	PLACE OF INJURY (e.g	, in or obout 21 C.	WHERE DID	(If in Boltimore City, ai	ve exact loc	Yes
EDIC	UTING CAU	OR CONTRIB-		home etc.)	, form, foctory, street,	office bldg., INJUR	Y OCCUR?			
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeor)	V	HILE AT NO	T WHILE	OW DID INJU	JRY OCCUR?		
	22.					WORK [
		tify that I hel		iquiry [/ 5/ -			is bosis, deoth in n		
	resu	Ited from: No	Tural cou	ses X A	ccident Suici		EDICAL EX	Undetermined monne	er	
	ACTUA		160	uli. 1	Vein M	D. ASSISTANT M				DATE SIGNED
	SIGNAT EXAMIN NAME (IER'S	narles	S. Pet	ty, M.D.	ASSOCIATE A		- promp		9/23/65
REM	BURIAL CRE OVAL (Specif	MATION, 23B.	DATE	1915 /	RUID PIOC	FMETER 24C. FUNER	23D.	OCATION (City, ALTIMORE	1.	DODRESS MD
-	DEL 90	1200 (1)		9	150	DAYMO	enst.	ACZOROWS	F1 25	25/1667 31



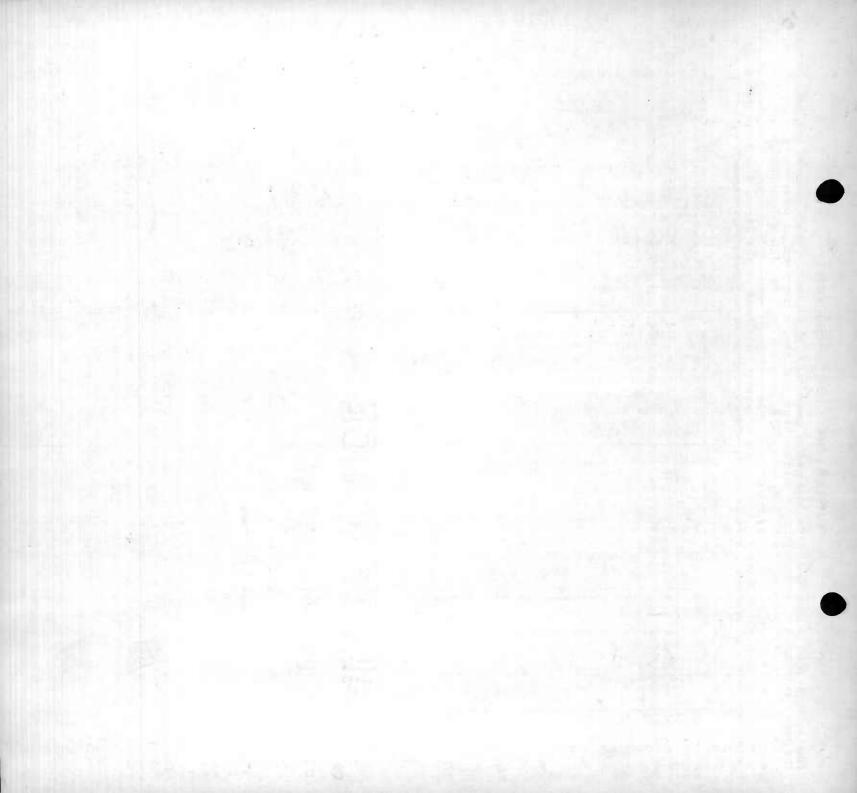
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	65 IR	JUO 1	BALTIMORE CITY HEAL	TH DEPARTMEN	T X		65	10008
BIRTH NO.	MEDI	CAL EX	CAMINER'S CE	RTIFICAT	E OF	DEATH Registe		10000
M.E. CASE NO.								
1. NAME OF DE	CEASED		The Marian		2. DATE AN	ID HOUR PRONOUNCE		
	EMMA	J.	REEDY			9/27/6		11:19 p. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDE	ENCE (Where	deceosed lived. If insti B. COU	itution: resid	ence before odmission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	M	farvlan		/	3 News.
III OII OII OII				Ba	altimor	_	3	3-00
				D. STREET ADDR	ESS (If jurol,	, give location)		
	City Hospita	ls		16	522 Doo	little Rd.		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	1	9. AGE (In years last birthdoy)		1 Yr. If Under 24 Hrs. Doys Hours Min.
female	White			Ang 76	TOÁE	110	1710111113	1 10013
		10B. KIND OF	ied F BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stote or foreig	gn country)	12. CITIZE	
recording	working life, even if retired)	Montgo	mery Wards	Tazewell	Co V			T COUNTRY?
13. FATHER'S NAM		mon ogo.	mery wards	14. MOTHER'S MA	AIDEN NAM	E.	0	DA.
France II				77	7 4.			
Ernest H	enumings ED EVER IN U.S. ARMED	EOBCES?	16. SO CIAL	Rowena Y	lost		- ADDRECE	
(Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.		M	Balto., Mo		
no				Freida M.	Beisc	hla, 2422 Re	olling	Rd.
18.	034		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTIV						ONSET AND DEATH
Dista	LEADING TO DEATH	RECIEI	Mul Mul	tiple inj	inries			
(This does	not meon the mode of	dying, e.g.,	DUE TO	rather with	J. 564. ale 56.34			***************************************
injury or co	mplication which coused	deoth.)						
	ANTECENDENT CAUSE	· ·						
	OR CONDITIONS, IF A		(B)	~~~~				
RISE TO TH	TE ABOVE CAUSE (A) ST		501.10					
	NO CONDITION LAST.		(C)	***************************************				
2	- 1							
OTHER SIGNOTHER	NIFICANT CONDITIONS	CONTRIBUTION	NG					
DISEASE O	DEATH BUT NOT REL		HE					
19A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE FIR		
02/	WAS PER	FORMED		ves		IN CERTIFYING CAUS	SES OF DEA	ATH?
Z 21 A. EXTERNA	L CAUSE WAS	21B,	PLACE OF INJURY (e.g., i , form, foctory, street, o		HERE DID		ve exoct lo	cotion) /
UNDERLYING UTING CAL	OR CONTRIB-	home etc.)		ffice bldg., INJURY	OCCUR?	D.J	27 7	
7			street			Rd. near Car	OTTS 1	sland Rd.
OF INJURY	(Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED			URY OCCUR?		
(APPROX.)	9 27 65 10	3 - 50 mily	VHILE AT NOT V	ORK X Dass	enger	in auto whic	h str	ick tree
22.								
l cer	tity that I held on I		Inspection Aut	-		is bosis, deoth in m		
resu	Ited from: Notural cau	ses A	coldent X Suicide	Homicia	de	Undetermined monne	er _	
	1.11/2	, ,	/ /_	CHIEF ME	EDICAL EX	KAMINER		DATE SIGNED
ACTUA SIGNAT		1 4.9	Za Lin	ASSISTANT ME	EDICAL EX	XAMINER X		DATE STORED
EXAMIN			M. U.	ASSOCIATE MI			9/2	28/65
NAME (J. Spitz	s, M.D.				,, -	-0, 0)
23A. BURIAL CRE	MATION, 238 DATE		C. NAME OF CEMETERY OF	CREMATORY	23 D. L	OCATION (City,	town, or co	ounty) (State)
REMOVAL (Specif	ly)	70/-			** *	12 1 2		
burial	Oct. 1,		Hawkins Cem.	246 511150	Ric	hlands, Taze Randallstown	eweld	Co., Va.
OFD O	1005 0 -	- 0 9	O. A.B					
SEP 3	10 1965 OZ Cr	165 3	JAYER T	Loring	Byers	, 8728 Liber	rty Rd	., 21133
VS 151-REV. 1/1/	/65 /	7	- 3 - 4 - 1) - 1	8 5	7			



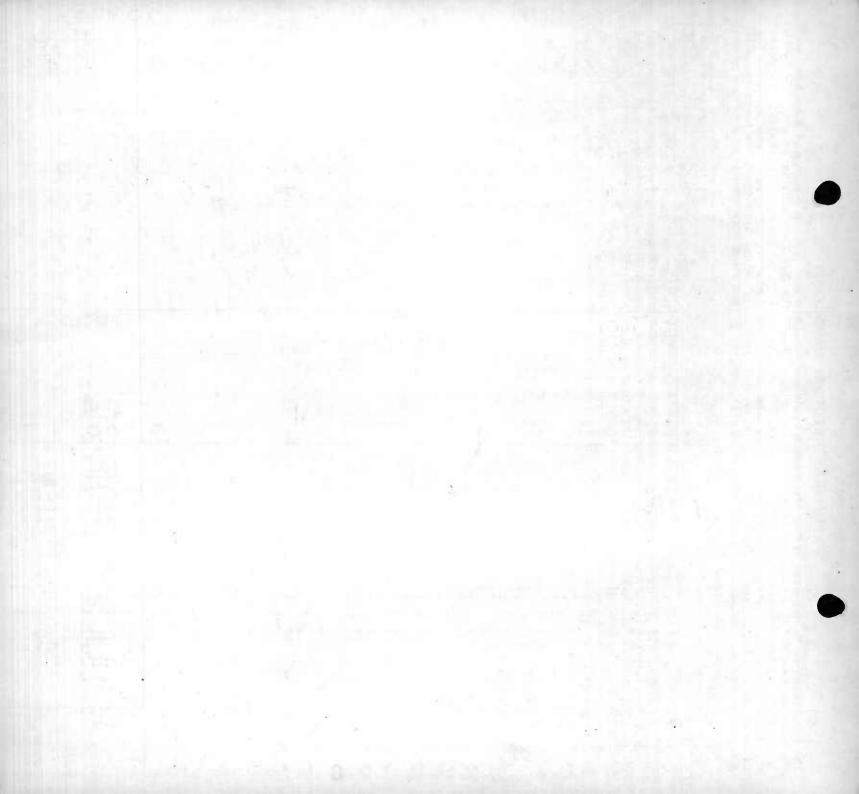


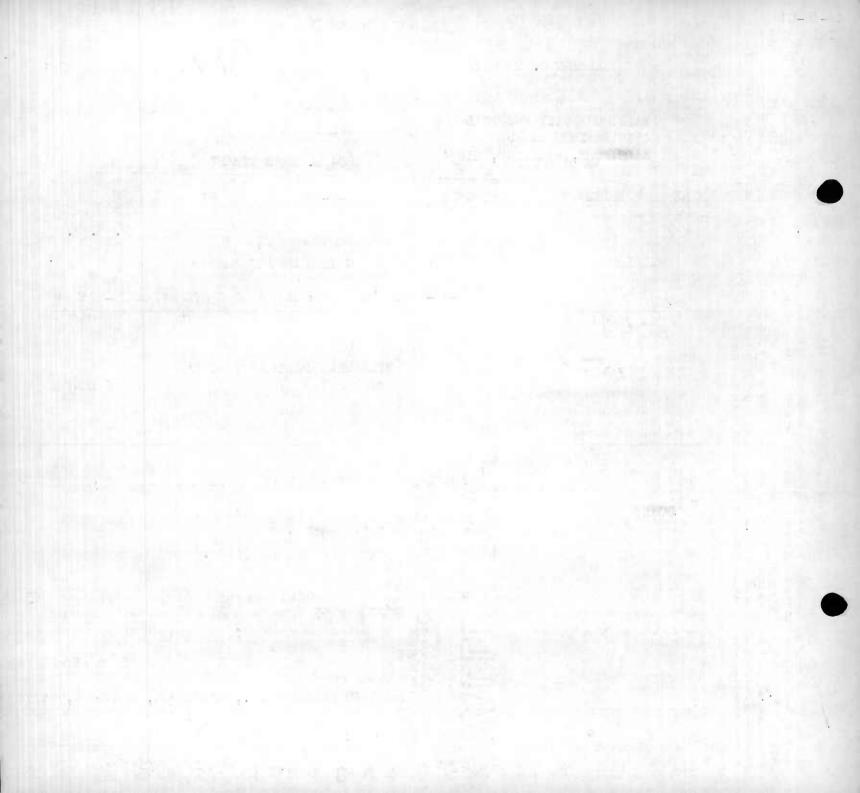
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence befor laus (If not in hospital or institution, give street C. CITY OR TOWN (M outside city limits, write RURAL and give tawnship) rugal, give location) 9. AGE (In years If Under 24 Hrs. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Manths: Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy OB, KIND OF BUSINESS OR INDUSTR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED While At Nat While [Work At Work 22. I certify that (1) (this hespital) attended the deceased fram that (1) (we) last saw the deceased alive an Sent 1964 and that in(my) (عسم) apinlan death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 238, DATE SIGNED Attending Phys. Med. Staff M.D. Director 23D. ADDRESS (City, or CREMATORY 24D. LOCATION town, or county Gow. 25B. NAME OF REGISTRAR FUNERAL DIRECTOR



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	FUNERAL DIRECTOR: IMPORTANT	9	9	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	Š
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		10	S	2	to	0	0
		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death)	shows: (1) An accident of	was D.O.A. at a hospital	deceased prior to death);	weissen armount must be absenced haters about a marine are ambalmed or final disnocition is made
		-	7	E	J. A	Q	-
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		h:	Pe	ho	0	90	
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	05 41	1044	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 10011
BIRTH NO.	65 18	MIT	CERTIFICA	TE OF DEATH	Registered Na.	00 10011
M.E. CASE NO			OEK TIL TO		ND HOUR OF DEATH	
Type or Print)	<u> </u>	1 6.11	- 6	2. DATE A	ND HOUR OF DEATH	12.35
BLACE OF D	Baker Jo	hn Alle	21	IIA HEHAL BESIDENCE (Wh.	2/6/	stitution: residence before admis-
S. PLACE OF L	DEATH IN BALTIMORE IV	AKILAND		A. STATE B. COUL	NTY	stitution; residence before damis
FULL NAME	OF (If not in hospite	ol or institution, give	street	Md		10-04
HOSPITAL O	R oddress or locat			C. CITY OR TOWN (If or	utside city limits, write	RURAL and give township)
/				Baltimor.	e	
Y I.	ianklin Sq	Hoe 1.			rurol, give location)	
1.4	anklin of	1 01-5/3		423 An	nabelle	AVR
• SEX	6. RACE	Z, MARRIED, NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
M	IN	WIDOWED, D	DIVORCED (specify)	91,100	lost birthdoy	Months Doys Hours Mi
43 (15) 41 04	CCUPATION (Give kind of w	M NIND OF BU	SINIESS OR INIDIISTE	1/16/00	36/	12. CITIZEN OF
	of working life, even if retired		SINESS OK INDUSIK	TILL BIKINFLACE (Store or fore	eign country)	WHAT COUNTRY?
Lat	2512 Y	4m.0	2. /	Mariel	and	45
3. FATHER'S N		77111		14. MOTHERS MAIDEN NA	ME	
5000	ovn P A	~ W ,		1	1	
	ern C. B.			HAMIE HO	ody	
5. Was Deceas Yes, no or unkno	sed Ever in U.S. Armed F own) (If yes, give wor or de	orces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				F-4 miller		
1B.	- / 1		CALISE	OF DEATH		INTERVAL BETWEEN
1	5 / X		CAOSE	or brain		ONSET AND DEATH
DISE	EASE OR CONDITION DEAT		1	0 2		
(This does	s nat mean the made		(A)	a. I laurence	<u> </u>	
heart failu	ie, asthenia, etc. II meai	ns the disease,	502.10	D		100000000000000000000000000000000000000
injury ar o	camplication which cause	ed death.)				
	ANTECEDENT CAUS	ES	(B)		*****	
DISEASES	OR CONDITIONS, if	any, giving				1000
	the above cause (A	.) stating the	(C)		***************************************	
UNDERLI	ING CONDITION last.					
7	II					
	CONTINUE ON DITIONS DEATH BUT NOT RE					- 10 cm
	OR CONDITION CAUSING	5 HT				
19A. DATE	OF OPERATION 198. CO	ONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1 9 / 21 A. ACCII	2-3/11	POOT				
	DENT WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g.,	in or about 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
& DEATH (no	otify medical examiner	etc.)	tomi, roctory, since y	omeo olegi, itto ki o d do k.		
21D. TIME	(Month) (Doy) (Yea	or) (Hour) 21E, IN	JURY OCCURRED	21 F. HOW DID IN	ILLEY OCCUP?	
2 OL HAZOKI		While			JOK! OCCOR.	
(APPROX.)		Work	At Work		- 0	,
22. L certi	ify that (1) (this hospit	al) attended the	deceased from	9/11	1961 to 1	12) 196
			9/17	/ / / /		
	ve) last saw the decea		1 + -)			nian death accurred an the
and have	and from the causes s	rated abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNA	ATURE		1		. /	238, DATE SIGNED
	Roman	V N	M.D. A	tending Med.	Stoff Phys.	7/27/65
23C. PHYSIC	CIANS	so per	~ 11	23D. ADDRESS	111/3.	11-11-
	(Type)	1	1/1	T 101	. 0. 1	Lo
	Byona	100 K	in M.D	frankl.	in 29. [18470 .
24A. BURIAL C		24C. NAM	E of CEMETERY OF C	REMATORY 24D.	LOCATION /	ty, lown, or county) (Sta
REMOVA	C (Specify) 18-1-	65 11	1. 6.00 1	3	NO	- al
Cour DATE DE	CID BY HEALTH DEAT	25B. NAME OF	PECISTRAR	DSC FUNERAL DIRECTO	Describe To	ADDRESS
ZOA. DAIE REC	C'D BY HEALTH DEPT.	a C I O	A D	25C. FUNERAL DIRECTO	2 2 1/1	ADDRESS 23-16-Stapes
SFP 3	n 1965 (P.D.	D.C. Jake	75 (1)	o pacagle to	yourch & the	- 43 10 and
VS 150-REV. 1/	/1/65	7 -		75		





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		Occu	ntrik	rmin	egui	ased	is ma
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		if de	ect	4) C	Was	the	sposi
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	FUNERAL DIRECTOR: IMPORTANT	nero	er.	cture	pron	lar o	pain
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		ddb	10 11	of an	(e)	h); a	be ok
		st be	dsed	lent o	spite	deat	nust
		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
		ficat	Was	An (A. at	prio	ppro
		certi	A DOC	vs: (1	0.0	dised	ten a
		This	the	show	Was	dece	Writ

	65 1	2013	BALTIMORE CITY	HEALTH DEPARTMENT		65 10013
BIRTH NO.	00 1	DOTO	CERTIFICA	TE OF DEATH	Registered No.	65 10013
M.E. CASE NO.	CEA CEO					
Type or Print)					ND HOUR OF DEATH	201/ 2
Ţ	BERTHA HA	ARDEN			T 27, 1965	1 9 d b 1
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence before admission
				1 10 00 0	12	-415
FULL NAME		or institution,	give street	MARYLAN D		7/
INSTITUTION	oddiess of locollo				itside city limits, write	RURAL and give township)
		04.714	100 -	BALTIMORE		
4 SINAI	HOSPITAL OF	BACILI	IOKE	D. STREET ADDRESS (If	rural, give location)	1
	` A II			2320 Ash bur	ton #16 8	×1
- SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
T			D, DIVORCED (specify)	- 1 1	lost birthdoyl	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
		WI		9/2/1891	74	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
	f working lite, even if retired)			BALTIMORE		WHAT COUNTRY?
1-	ire o	1				U.S.A.
3. FATHER'S NA	ME			14, MOTHER'S MAIDEN NA	ME	
771-1-1	nown			Unknown		
			14 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
ies, na or unknov	d Ever in U. S. Armed For	ces?	SECURITY NO.	17. INFORMANT		ADDRESS
No			212-07-2693A	Man Deslaw De	/202 3	Co d non Anna
				Miss Evelyn Ber	rry , 4103 M	
18.	7.3XI		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI	RECTLY	^			
	LEADING TO DEATH		IN KEN	AL FAILURE		
	nat mean the made at			***************************************	Brita Brita de Carlo de Carlo Carlo de desense que en entre de elymen entreprene ses de Apully que pluye s	
	, asthenia, etc. It means implication which caused					
injury or co			TAJ7	ESTINAL OBSTRU	UT(ON)	
200	ANTECEDENT CAUSES		DUE TO	00-7.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DISEASES	OR CONDITIONS, if	any, aivina		5		100000000000000000000000000000000000000
	he abave cause (A)		(c) PN	ECHONIA -		
UNDERLYIN	IG CONDITION last.		***************************************	# # # # # # # # # # # # # # # # # # #		
	- 11					
OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBITIN	G			
E TO THE	DEATH BUT NOT RELA	ATED TO TH	IE .			
	CONDITION CAUSING			180	1	
19A. DATE C	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
19/25/6		0-4	OBSTRUCTION)			
U 21A. ACCID	ENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct location)
	BUTING CAUSE OF	hom etc.		ffice bldg., INJURY OCCUR?		
)	fy medical examiner)	erc.	,			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?	
OF INJURY		Wh	ile AI Not Whi	le m		
(APPROX)		Wo				
22 Leartif	y that (1) (this hospital	1) attended t	he deceased from	Sent : 25	19 65 to Se	pt 27 196J
			A A		- 101000111100	
thot (1) (we) lost sow the decease	ed olive on	Sept 37	19ond th	nat in (my) (our) opi	nion death occurred on the de
and hour a	nd from the couses sto	ted obove. (I	I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNAT	1 1			, , , , , , , , , , , , , , , , , , , ,		23B. DATE SIGNED
	- 6/0		AA D A H	anding my Adad my	Sint -	23th DATE STORED
1	et,/2/27	3	M.D. All	ending Med. Director	Stoff Phys.	9/27/65
23C. PHYSICI	AN'S)		23D. ADDRESS		1
NAME	Type)				20.771	
CL	ARD LIPIO	RODA	M.D.	SINAI 140	SPITAL	
4A. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D, L	OCATION . (C	ity, town, or county) (Stote)
REMOVAL	(Specify)			THE RESERVE OF THE PARTY OF THE		
Burial	19-1-65	Ar	butus Mem. Par	ek B	altimore, Ma	aryland
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
CED 9	0 1965 0 0	LC T.	0. 40 0 -	Charles R. L	SOO MA	item Ave.
AFL 9	1 1200 (16 Par)	TIC, NO	ANGENTAGE	Orientado 110 1	THE POOR PAGE	TOOK ATO
'S 150-REV. 1/1	/65					

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TH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DE
E CASE NO.					

BIRTH NO.	MED	ICAL E	AMIIIYEK 3 C	EKTIFICATE OF	DLATTIRegist	0160 1101
M.E. CASE NO.	CEASED			2 DATE A	ND HOUR PRONOUNG	CED DEAD
(Type or Print)		D/TO			ptember 25,	
3. PLACE IN BAL	FRANK SPRAT		UNCED DEAD	4. USUAL RESIDENCE (Whe	e deceosed lived. Il ins B. CO	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET		ide corporote limits, wri	ite RURAL and give township)
	St. Joseph	's Hospi	ital	Baltimor D. STREET ADDRESS (If rur		0 0 3
					Collington A	
male	6. RACE		, NEVER MARRIED DIVORCED(specify)	June 13, 1909	9. AGE (In years lost birthday) 56	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCC	CUPATION (Give kind of working life, even if retired)	NOB KIND O	F BUSINESS OR INDUSTR	Camden, Wilcox	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	Og Cong
Rommer	y Spratt			Mary Frances	Brown	
15. WAS DECEAS	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknow	(If yes, give wor or dote	es of service)	419-01-8795	Mattie N, Jor	es 1808 Cel:	lington Ave.
1B. / /	331		CAUSI	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO T UNDERLY OTHER SI TO THE	ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	ES ANY, GIVING TATING THE CONTRIBUTI				
19A. DATE C		FORMED	WHICH OPERATION	Yes Yes	IN CERTIFYING CAL	USES OF DEATH?
O UNDERLYING	AL CAUSE WAS GOR CONTRIB- LUSE OF DEATH.	218. hometc.)	e, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT AT V	21F. HOW DID IN	JURY OCCUR?	
22. I ce	ertify that I held on				this bosis, deoth In	my opinion
resi	ulted from: Natural co	uses X	Accident Sulcid		Undetermined mon	ner
ACTU, SIGNA	TURE	teite	welly.	CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL	EXAMINER X	Sept. 25, 1965
			necker, M.D.			ty, town, or county) (State)
REMOVAL (Spec						
	D BY HEALTH DEPT.		Mt. Auburn	24C. FUNERAL DIRECT	ltimore, Mie	ADDRESS
SEP	30 1965 R	200 E.	Jankey M. M	Charles R.	Law Mortuar	y 802 Madison Ave.
VS 151-REV. 1/	1/65		0 0 0	0 0 0	V	

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65 10015	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 10015
IRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	- 65 10015
A.E. CASE NO. NAME OF DECEASED			ND HOUR OF DEATH	1
Type or Print)				
Hugnes, mos	D	4. USUAL RESIDENCE (WH	nere deceased lived. If	10 pm. institution: residence before admi
		A. STATE B. COU	INTY	111-00
FULL NAME OF (If nat in haspital ar insti	itutian, give street	Maryland		1700
INSTITUTION Provident I	Hospital			RURAL ond give tawnship)
1514 Divisi	ion Street	Baltimore D. STREET ADDRESS	If rural, give location)	
Baltimore,				
•		B. DATE OF BIRTH		
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Manths Days Haurs A
M N Ma	arried	2/2/98	67	
A. USUAL OCCUPATION (Give kind af wark 108, K)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fa	reign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Baltimore,	Md.	US.
- FATHER'S NAME		14. MOTHER'S MAIDEN NA		
2				?
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no ar unknown) (If yes, give war ar dates of se	SECURITY NO.	- Land Color Color		
		Rosa Hughes	1628 I	Druid Hill Ave
18. 4. 20.11	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND BEAT
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stating	aiving	S.KOVD.		
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE OFFICE OF CONDITION CAUSING IT				
194 DATE OF OPERATION LIGH CONDITION		20A. AUTOPSY? (Yes ar h	(a) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME	U		IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol examiner)	218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact locolian)
	1) 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	While At Not Whi	le 🦳		
			0.00	
that (1) (we) last saw the deceased oliv	e on 9/26	1965and t	that in (my) (aur) op	oinion death accurred on th
and haur and from the causes stated abo	ave. (1) (We) (did) (did nat)	view the bady after death		
23A. SIGNATURE	3/			238. DATE SIGNED
	M.D. AH	ending Med.	Stoff	9/26/65
23 C. PHYSICIAN'S	, rn)	23D. ADDRESS	enys, 🗀	7/20/03
NAME (Type)				
			on Street	
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county) (St
_ Burial 10/2/65	Mt Auburn Ce	metry B	altimore Mo	d
Buria 10/2/65	Mt Auburn Ce	metry B		d ADDRESS
Burial 10/2/65		25C. FUNERAL DIRECTO	OR / :	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol examiner) 21D. TIME (Month) (Doy) (Yeor) (Hauder Management) 22. I certify that (I) (this haspital) attention (I) (we) last saw the deceased about and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Andre Rigaud 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	TO THE I FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., hame, form, foctory, street, cetc.) 17. 21E. INJURY OCCURRED While At Not Whith At Work Indeed the deceased fram 9/ Ye an 9/26 ave. (1) (We) (did) (did nat)	21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 2 19 65 and 1 view the bady after death cending Med. Director 23D. ADDRESS 1514 Division	(If in Boltimo	26 19 Dinion death accurred on to 238. DATE SIGNED 9/26/65

Indicate Emplicati lold Plylaton Street haltimore, Md.

1628 Druid Hill ave.

2/2/98

Baltimore, Nd.

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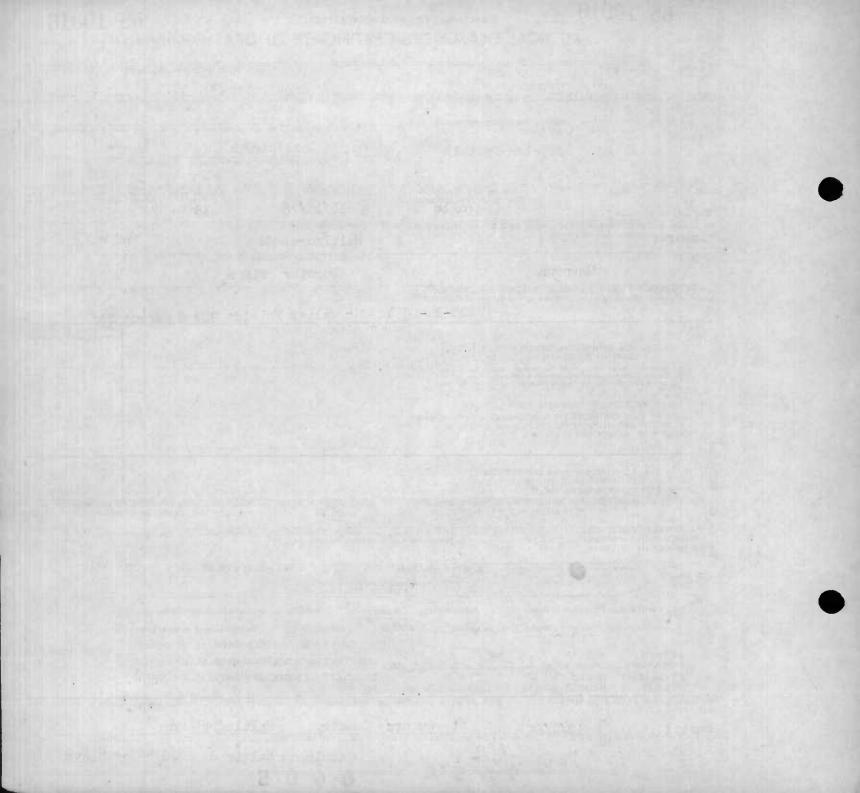
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HAS. MCVD.

Andre Ricavid

FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. General Hospital D. STREE Male negro IOA. USUAL OCCUPATION (Give kind of work dome and the most of dotes of service) To. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) This does not meon the mode of dying, e.g., heard foilure, asthenia, etc., It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES	2. DATE AND HOUR PRONOUNCED DEAD September 24, 1965 3:40 P M AL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY Maryland OR TOWN (If outside corporate limits, write RURAL and give township)
JAMES DIXON 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUA A. STAT FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. General Hospital D. STREE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 10. STREE 10. STREE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 11. BIRTH Bal 13. FATHER'S NAME 14. MOTH Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc., it means the disease, injury or complication which coused death.) ANTECENDENT CAUSES	September 24, 1965 3:40 P M AL RESIDENCE (Where deceased lived, If institution: residence before admission in the state of the state
A. STAT FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. General Hospital D. STREE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 10. STREE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 10. STREE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 11. BIRTH Bal 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., head foilure, osthenio, etc., it means the disease, injury or complication which caused death.) ANTECENDENT CAUSES	AL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY Marvland
A. STAT FULL NAME OF ADDRESS OR LOCATION) Md. General Hospital D. STREE A. SEX A. RACE Male Negro Moa. Usual Occupation(Give kind of work long title) Moa. Usual Occupation(Give kind of work long title) Matter's Name Unknown S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown), (If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., heort foilure, ostherio, etc. It meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES	E. COUNTY Maryland
Md. General Hospital D. STREE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single D. DATE WIDOWED, DIVORCED (specify) Single OA. USUAL OCCUPATION (Give kind of work long to be a service) OA. USUAL OCCUPATION (Give kind of work long to be a service) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTH Bal AMTECENDENT CAUSES T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 10. STREE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 11. BIRTH Bal 14. MOTH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or doles of service) OAUSE OF DEA DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heort foilure, ostherio, etc. It meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES	
male negro oa. Usual Occupation (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTH Bal 3. FATHER'S NAME Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown), (If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., heard foilure, ostherio, etc. It meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES	Baltimore
male negro OA, USUAL OCCUPATION (Give kind of work of Lots and Lo	ET ADDRESS (If rurol, give locotion) 526 Eutaw Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., heard foilure, ostherio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES (B) 14. MOTH SECURITY NO. 219-16-4031 Mr (A) Epilepsy DUE TO	OF BIRTH 12/10/26 19. AGE (In years If Under 1 Yr. If Under 24 Hr Months, Days Hours Min.
Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown), (If yes, give wor or dotes of service) 18.	Itimore Md 12. CITIZEN OF WHAT COUNTRY?
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heard failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES SECURITY NO. 219-16-4031 Mr CAUSE OF DEA (A) Epilepsy DUE TO	Dorothy Dixon
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES (A) Epilepsy DUE TO	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES	Walter Shields 909 N Monroe St.
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. A. WAS PERFORMED	AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES PE BEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg, etc.)	of 21C. WHERE DID (If in Boltimore City, give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection Autopsy resulted from: Natural causes XX Accident Syrade	and that an this basis, death in my apinian
ACTUAL SIGNATURE SIGNATURE ASSIST	Homicide Undetermined manner DATE SIGNED ANT MEDICAL EXAMINER DATE SIGNED
NAME (Type) Rudiger Breitenecker, M.D.	IATE MEDICAL EXAMINER Sept. 25, 1965
Burial 23B. Date 23C. Name of CEMETERY of CREMATE 23C. Name of CEMETERY of CREMATERY	etry Baltimore Md
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C.	FUNERAL DIRECTOR ADDRESS
SEP 30 1900 Olobert C. 1/1/65	Adolphus Halstead 1206 W North Ave



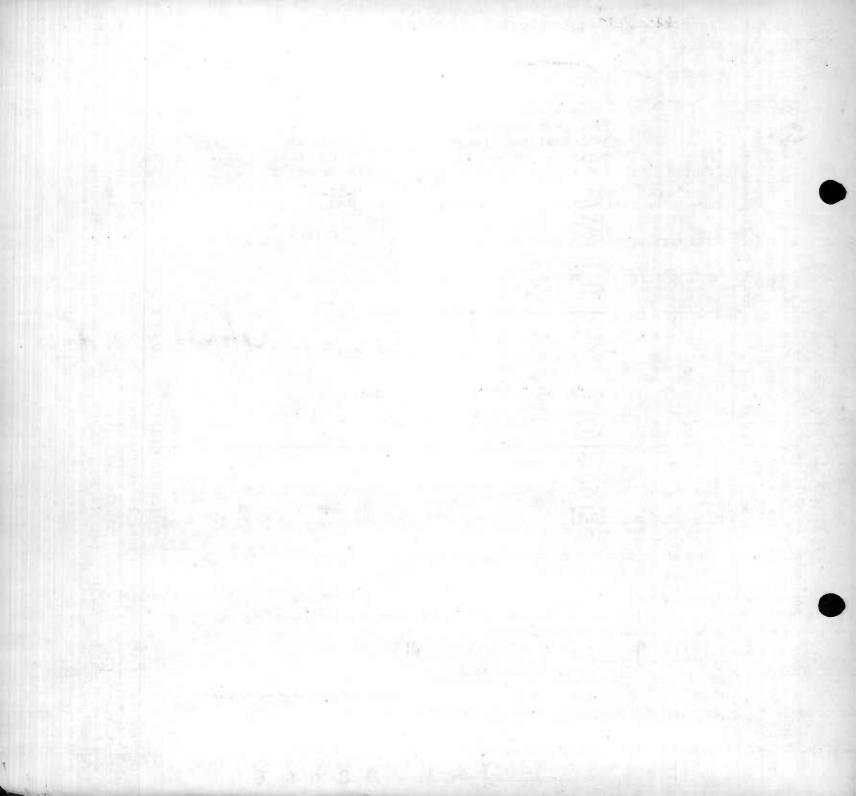
and

LO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) September 22, 1965 | 3:30 M

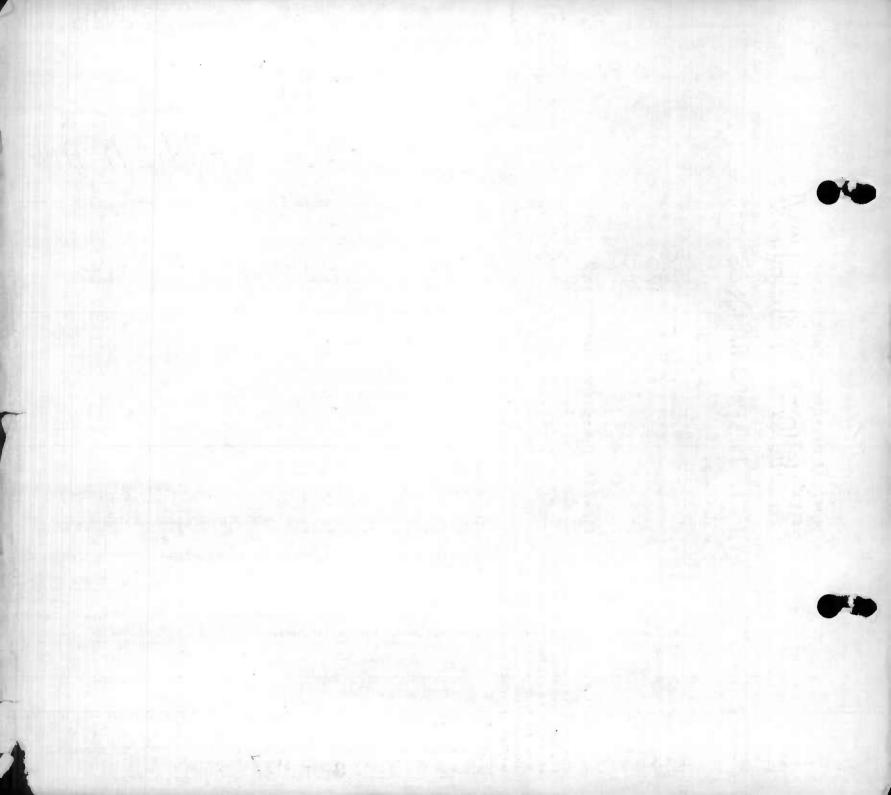
4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)

A. STATE B. COUNTY Baby of Leatha Bryant 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR C. CITY OR TOWN (Il outside city limits, write RURAL and give township) INSTITUTION Provident Hospital Baltimore D. STREET ADDRESS 151) Division Street (If rurol, give location) Baltimore, Maryland 1704 Linden Avenue is made. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 6. RACE II Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specily) 9-19-65 Female Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Maryland U.S.A 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME Andrew McCaskill
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 1 6. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDI (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (I) (this haspital) attended the deceased from September 19. 1965 to September 22. that (1) (we) lost sow the deceased alive on September 22, 19 65 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated oboves (1) (We) (did) (did not) view the bady ofter death. 23A, SIGNATU 23B, DATE SIGNED Attending M.D. Staff Phys. 3 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Vincent Blake 24A. BURIAL CREMATION, 248 DAT 24C. NAME OF CEMETERY REMOVAL (Specily) 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 CERTIFICATE OF DEATH Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance (2) COUSE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TO outlide city limits, write RURAL and give use: INSTITUTION prior D. STREET A locoti contributin etermined 10 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) 6. RACE If Under 1 Yr. Months Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) 65 2 SINGLE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working lite, even it retired) WHAT COUNTRY? 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME 4 IMPORTANT eath OU kind; 15. Was Deceased Ever in U. S. Armed Forces' 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance fine CAUSE OF DEATH pronounced INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH H (This does not mean the mode of dying, e.g., bal hearl failure, osthenio, etc. Il means the disease, DIRECTOR: 0 injury or complication which caused death,) E B 5 ANTECEDENT CAUSES 0 0 DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the hysician UNDERLYING CONDITION lost. remains Was 11 FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. cian 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? hospital °Z DEATH (notify medical examined MEDIO obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from 19 65 lost sow the deceased alive on and that in (my) ((our) opinion death occurred on the date ō hospital and hour and from the causes stated above. (1) (Well (did) (did not) view the body after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Phys. Med. Stoff 10 Director pproval Phys. 0 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS prior ţ An 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF GREMATORY eceased written a o the body REMOVAL (Specify) shows: 25C. FUNERAL DIRECTOR SD 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 3

VS 150-REV. 1/1/65

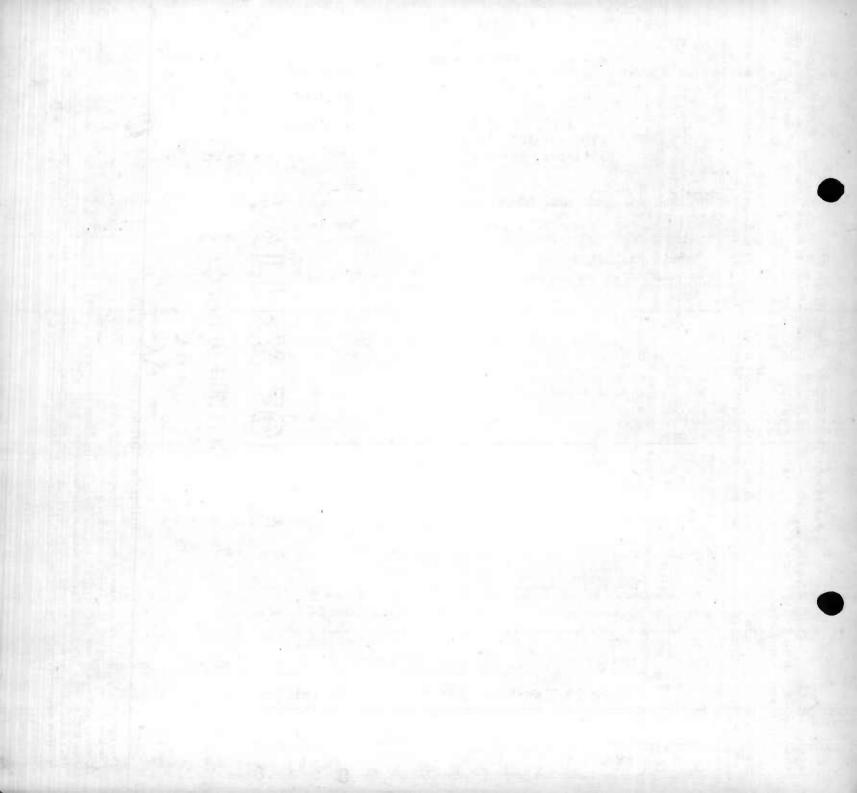


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a hospital and

	1-2	1487 00	1.00	BALTIMORE (CITY HE	ALTH DEPARTMENT		65 10019
	NO. 65-2	700/ 65	100	19 CERTIFIC	CATE	OF DEATH	Registered No	. 00 10013
, NA	ME OF DECEAS	Baby of R				2. DATE AN Septem	ber 28, 19	65 2:40P
. PL	ACE OF DEATH	IN BALTIMORE, MA	RYLAND		14. A.	USUAL RESIDENCE (Whe	re decemed lived. If	institution: residence before admission
HC	LL NAME OF	(If not in hospital address or location	or institut	ion, give streel		Maryland	15-0	e RURAL ond give township)
IN:	STITUTION	Provident	Hosp	ital		Baltimore	iside city illilis, will	e RORAL ONG GIVE TOWNSHIP
1		1514 Divi			D.		rurol, give location)	.0
		Baltimore				1676 Montmore		locat moir CT
SE)	nale 6.	Negro		RIED, NEVER MARRIED OWED, DIVORCED (specify))	-27-65	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
OA. L	SUAL OCCUPA	NTON (Give kind of wark king lile, even if retired)	10B. KIN	OF BUSINESS OR INDUS		BIRTHPLACE (State or fore Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	ennie Ed	dington			14.	MOTHER'S MAIDEN NA	ME	
5. W	os Deceased Ev	er in U. S. Anned For yes, give wor of dote	ces? s of servi	ce) 1 6. SOCIAL SECURITY NO.	17.	INFORMANT	Juna	ADDRESS
11	B.7/9	5 1		CAUS	E OF D	EATH 1.		INTERVAL BETWEEN
		OR CONDITION DIS	RECTLY		Puln	many Ht	deefasso	ONSET AND DEATH
		meon the made of			/ / / / /	1		
		lhenio, etc. It meons colion which coused		ose,				
		TECEDENT CAUSES		(B)		4 1	*******************	
		CONDITIONS, if obave couse (A)			70	ung hon hy		
1	JNDERLYING (CONDITION losi.		***************************************	*********		V	
₽.	TO THE DEA	ANT CONDITIONS C TH BUT NOT RELA INDITION CAUSING I	TED TO					
			DITION F	OR WHICH OPERATION		Yes.	ON CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL C	TA: ACCIDENT OR CONTRIBUTION DEATH (notily me	WAS UNDERLYING CAUSE OF		21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	.g., in or	about 21 C. WHERE DID	(If in Boltim	nore City, give exoct locotion)
¥ 0	ID. TIME (A OF INJURY APPROX.)	Aonth) (Doy) (Year)	(Haur)		While	21F. HOW DID INJ	URY OCCUR?	
		45 (4) ()		Wark At W) O.T.	(= -	1) 00 (7
								otember 28, 19 65
			1	e. (I) (We) (did) (did no	-		or in (my) (our) o	pinion death accurred on the dai
	3A. SIGNATURE	dill the couses side		1 /	217 VIGW	The body offer death.		23 B. DATE SIGNED
2	3C. PHYSICIAN'S	acent 1-	101	a/Ce M.D.	Attendin Phys.	Med. Director D	Stoff Phys.	September 29, 196
2	NAME (Type	Vincent Bl	ake	A.	A.D. 7	51) Division	Street	W. C
24A.	BURIAL CREMA	TION, 248. DATE		C. NAME OF CEMETERY OF	CREMA	TONY BUATED	OCATION	(City, lown, or county) (Stote)
	REMOVAL (Spe	SEP 3	0 198	510	HNS	HOPKINS	MEDICAL	SCHOOL
25A.	DATE REC'D BY	1965 P. O. A	258 NA	ME OF REGISTRAR		25C. FUNERAL DIRECTOR	DW con-	ADDRESS
0	DEF 3U	1000 Univer	1 -10	They was	1 0	O THE K DE A	KY KERV	ICE RCHD

VS 150-REV. 1/1/65



TAXEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Registered No.
MEDICAL	EVAMILIAEKO	CEKTIFICATE	Ur DEATH	Registered No.

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JOSEPH HUTCHIN 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	9-26-65 3:20 P M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence belore admission) 8. COUNTY
POLL NAME OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 8-07
ST. JOSEPH'S HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give location) 1715 Ellsworth Street 21213
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs.
Male Colored Widower, Divorced (specify)	Sept. 18, 1892 lost birthdoys Months Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108. RIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	Y11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
John Hurchins	MarySimpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give wor ar dotes of service) 16. SOCIAL SECURITY NO.	Many Simpson 17. INFORMANY ADDRESS Hejen Kane 913 Somenset St.
No ?	Helenkane 913 Somerset St.
7 1 0.00.00-04-04-04	E'OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) Cere	ebral arteriosclerosis
(This does not meon the mode of dying, e.g., hear loiture, osthenio, etc. It meons the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
II SOUTH OF THE SECOND SOU	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE BYOLE DISEASE OR CONDITION CAUSING IT.	nchial asthma
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, factory, street, factory, street, factory, street, factory, street, factory, street, factory,	NO If an about 21C, WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	Silver Stopp, Indoor Stocks
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED (APPROX.)	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WORK AT W	WHILE O
1 certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes Accident Suicid	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
ACTUAL STATISTICS HE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9-27-65
NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or caunty) (Stole)
Barial 9-36-65 NECalvar	V CMEY PANCArundel Co. Md.
SFP 30 1965 (P. Dec C. Falley M. B.	Randon Company Lange A T
SEP 30 1965 Robert E. tarley P. a	I KILL COLER JO COLEK JOJAC JEDOLEZ

65 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ADOLPH SYLVESTER TAYLOR 9-26-65 10:15 A. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore UNION MEMORIAL HOSPITAL D. STREET ADDRESS (If rurol, give location) 2056 Kennedy Avenue 21218 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months, Days, Hours, Min. Colored 21 Male Dannie 10A. USUAL OCCUPATION (Give kind at work) 10B. KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY? 6. SOCIAL (Yes, no ar unknown), (If yes, give war ar dates of service) SECURITY NO. INTERVAL PETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Contusion of brain (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease-injury ar camplication which caused death.) Subdural hematoma ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION

П

UNDERLYING OR CONTRIB-

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. EXTERNAL CAUSE WAS

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., NJURY OCCUR? Jones Falls Expressway

and that an this basis, deoth in my opinion

Expressway 21E. INJURY OCCURRED

South of 3.9 marker 21F. HOW DID INJURY OCCUR?

21 D TIME (Month) 6:05 OF INJURY (APPROX.) WHILE AT 65 26

NOT WHILE R Passenger in auto into fixed object

I certify that I held an Inquiry resulted fram: Natural causes Accident X

Inspection Autapsy X Suicide

Hamicide

ASSOCIATE MEDICAL EXAMINER

Undetermined manner

ACTUAL SIGNATURE EXAMINER'S

CHIEF MEDICAL EXAMINER X M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

NAME (Type) RUSSELL S. FISHER, M.D.

23C. NAME OF CEMETERY OF CREMATORY

9-27-65

23A. BURIAL CREMATION. REMOVAL (Specify)

23D. LOCATION (City, town, or county)

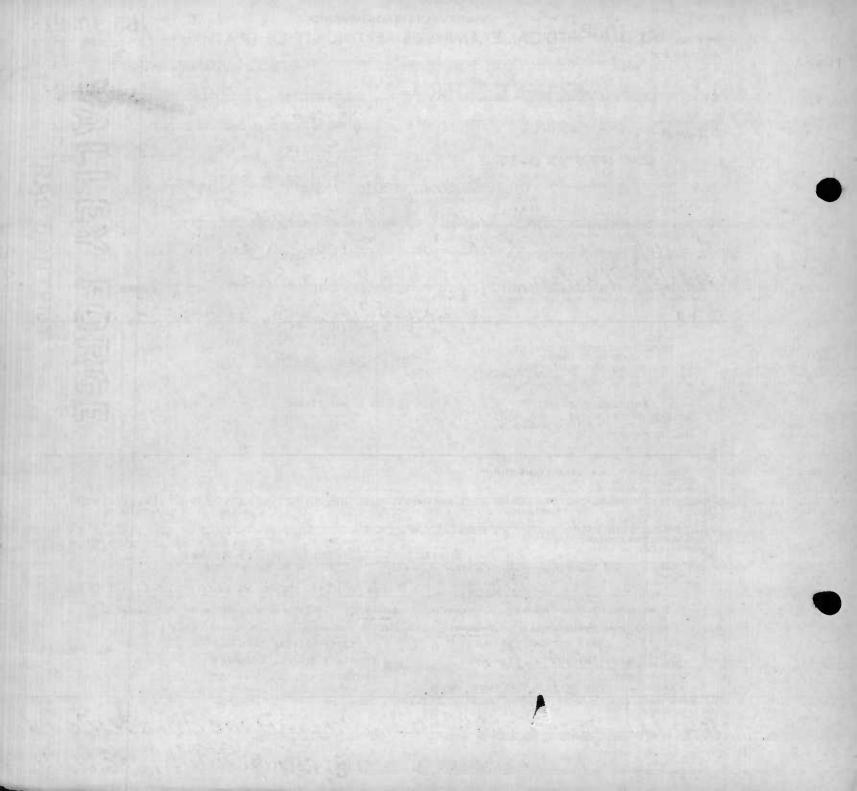
(State)

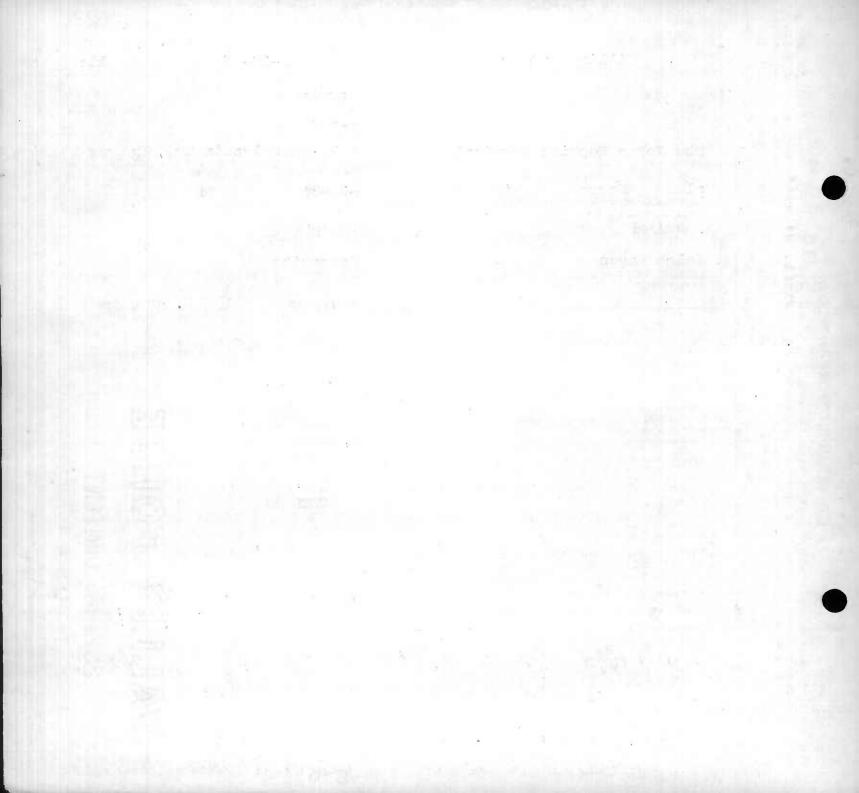
24A. DATE REC'D BY HEALTH DEPT.

24B, NAME OF

VS 151-REV. 1/1/65

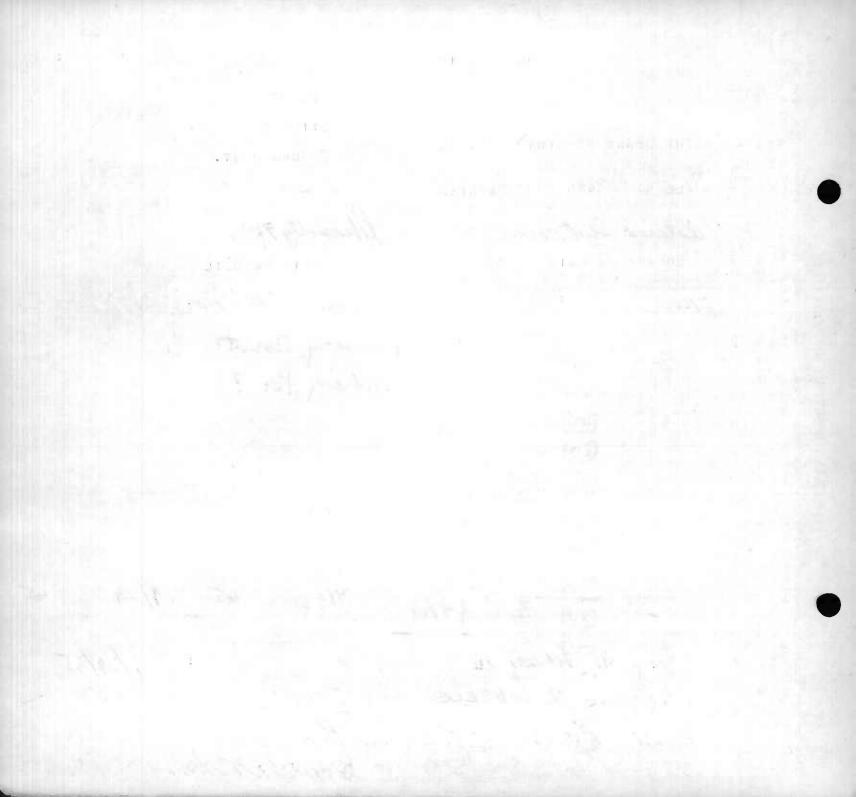
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BIRTH NO.	0		D	- 10000
M.E. CASE NO.	CERTIFIC	ATE OF DEATH	Registered No	5 10023
I. NAME OF DECEASED	MC NAIR	2. DATE A	ND HOUR OF DEATH	1 HE 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI	ere deceased lived. If-	institution: residence be
		MARYLAND	NTY	~ 11
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or tocotion)	tion, give street	C. CITY OR TOWN (IF o	uteida city limite lurita	PUPAL and aive town
INSTITUTION		BALTIMORE	orside city littles, write	KOKAL und give town
THE JOHNS HOPKINS HO	OSPITAL		f rurol, give location)	-
	OUTTIAL	907 DURHA	M ST.	
to the second se	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If
MALE NEGRO	ARRIED (specify)	2-23-97	lost birthday)	Months Doys Ho
IOA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUST		eign country)	12. CITIZEN OF
done during most of working life, even if retired)		Police A &	10	WHAT COUNT
13. FATHER'S NAME		Itherean Cly F	AME	
EDWARD MC NAIR				
	13 / 42	LYDIA M	CNEIL	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of servi	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1.150 1	ADDRESS
no.		xruse 1	nº Mare	907 M Du
18. 0 19. 21	CAUSE	OF DEATH		INTERVAL ONSET AN
DISEASE OR CONDITION DIRECTLY	D	respiratory ass	+	ONSELAN
LEADING TO DEATH	(A)	colonara na ma	Mar .	** 0
(This daes not mean the made al dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	-1 . 14		
injury ar camplication which caused deoth.)		nulsing the	4	
ANTECEDENT CAUSES	(B)			
	DUE TO			*************
DISEASES OR CONDITIONS, if any, gi	-			50 a Shirinan a a a 4 Anna - 200 gan pa 000 go oo
	-			
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stoting UNDERLYING CONDITION last.	-			
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stoting UNDERLYING CONDITION last.	the (C)			
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	the (C)		o) 208. IF YES, WERE	FINDINGS CONSIDER
DISEASES OR CONDITIONS, if any, girise to the abave cause (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OTING THE FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	(o) 20B, IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
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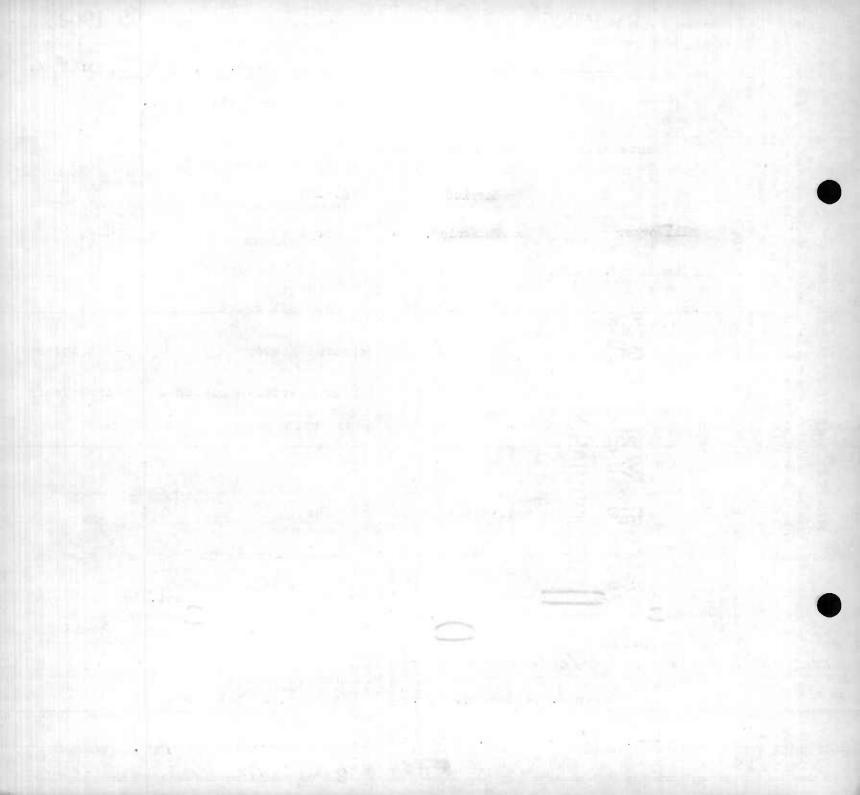


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BALTIMORE CITY HEALTH DEPARTMENT

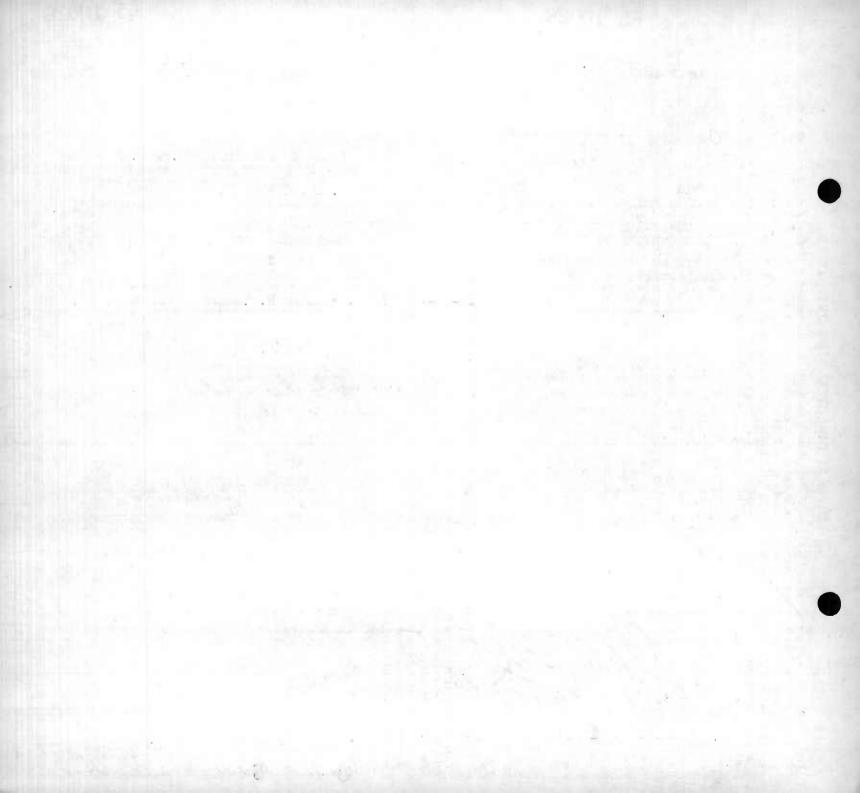
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	10005		BALTIMORE CIT	Y HEALTH DEPARTMEN	T	CE 4000r
BIRTH NO. 55	10025		CERTIFICA	ATE OF DEATH	H Registered No	. 65 10025
M.E. CASE NO.					E AND HOUR OF DEAT	и
Type or Print)						
3. PLACE OF DEATH IN	William R	USSELL	Smith	14. USUAL RESIDENCE	Sept. 26, 1	965 3:45 A
				A. STATE B. C	OUNTY	mismona residence before dulings
FULL NAME OF	(If not in hospital a		give street	Maryland	- Baltimore	
INSTITUTION	oddiess of locollon	,		C. CITY OR TOWN	If outside city limits, write	RURAL and give township)
/-				Rural	7/	63 70
Monte	bello Sta	te Hosp	ital	D. STREET ADDRESS	(If rurol, give location)	
					lerick Road	
SEX 6. RA	CE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
M	W	se.Ma		6-4-01	64	
OA, USUAL OCCUPATION of working	N (Give kind of work	10B. KIND OF	OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millworker		Clothal	ligring.	Maryland		USA
3. FATHER'S NAME		OTO MELL	mgrmg.	14. MOTHER'S MAIDEN		USA
	- C					
Charles 5. Was Deceased Ever i Yes, no or unknown) (II ye	H. Smith		1 6 SOCIAL		lae Jones	ADDRESS
Yes, no or unknown) (II ye	s, give wor or dote:	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			Unknown	Hospital	chart	
1B. 33/	(1			OF DEATH		INTERVAL BETWEEN
DISEASE OR	CONDITION DIR	ECTLY				ONSET AND DEATH
	ING TO DEATH		(A)	Cerebral Hem	morrhage	3-5 minutes
(This does not me			DUE TO			
injuly of camplicati						
ANTEC	EDENT CAUSES		(B)	Cerebral art	erioscleros	is about 2 year
DISEASES OR CO	ONDITIONS, if o	ny, giving	DOE 10			
iise to the obo		stating the	(C)	Cause unkno	שמ	
UNDERLYING COL	NDITION IOSI.					
Z CYLLER SIGNAFICATION	11	CALTRIBUTION				
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	BUT NOT RELA	TED TO TH	£			
DISEASE OR COND			None None	20A. AUTOPSY? (Yes	No. No. 208 IF YES WED	E EINDINGS CONSIDERED
E 12	WAS PERF	ORMED			IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
Not appli	Cable Not	app 11 0	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DI	D (If in Boltim	ore City, give exact location)
OR CONTRIBUTING	CAUSE OF	hom etc.)	e, form, foctory, street,	office bldg., INJURY OCCU	R?	
<u>o</u>			Not applicab	le Not	applicable	
OF INJURY (Mon	th) (Doy) (Year)				INJURY OCCUR?	
T (APPROX.)	applicabl		le AI Not Wh		applicable	
22. I certify that (1) (this haspital)	ottended ti	ne deceased from	March 4	19 64 to Se	pt. 26 19 6
						pinion deoth occurred on the
						printed on the
23A. SIGNATURE	The couses state	obove. (I	(ne) (ala) (ala not)	view the body ofter dec	in.	23 B. DATE SIGNED
111	(V. 1.0)	wan	WILL MA AL	tending Med.	Stoll F	23 B. DATE STORED
Cloan	1 1000	viau	Ph	ys. Director L	Stoll Phys. X	9/26/65
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS		
	Cesar J.	Pellera	ano, M.D. M.D	Montebel]	Lo State Hos	pital
MA BURIAL CREMATIC		24C. N.A	ME of CEMETERY OF C	REMATORY 24	D. LOCATION (City, town, or county) (Stot
REMOVAL (Specify)						
		600 -	T 1 -			
Burial	9/28/19	-	. Johns Ceme		Ellicott City	Md. Appess
BUTIAL 25A. DATE REC'D BY. HI		65 St		25C. FUNERAL DIREC	Ellicott City	Ballo, m



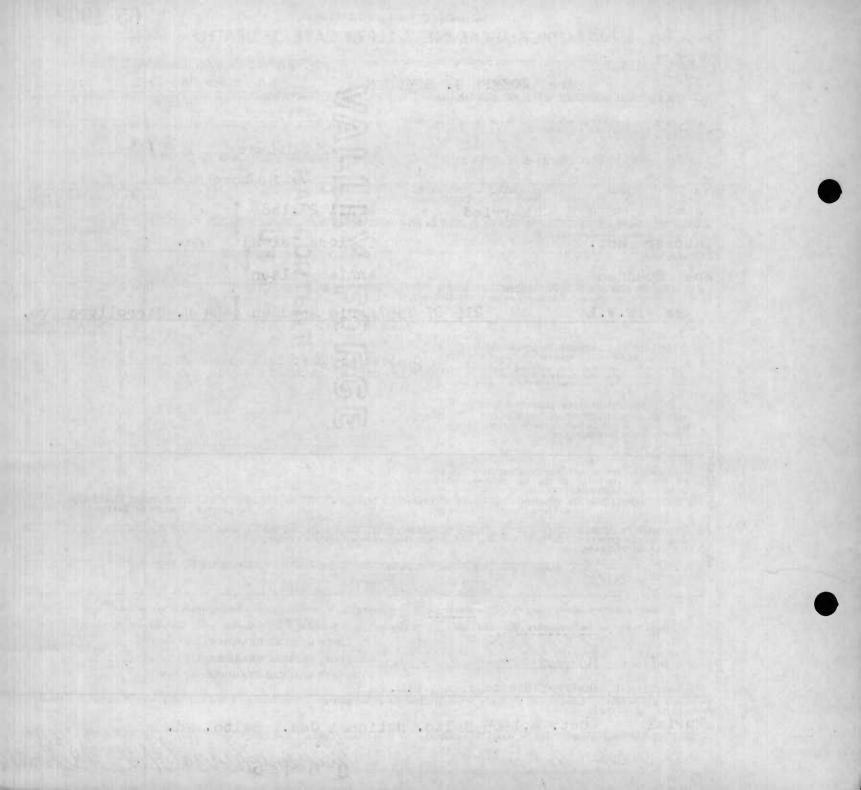
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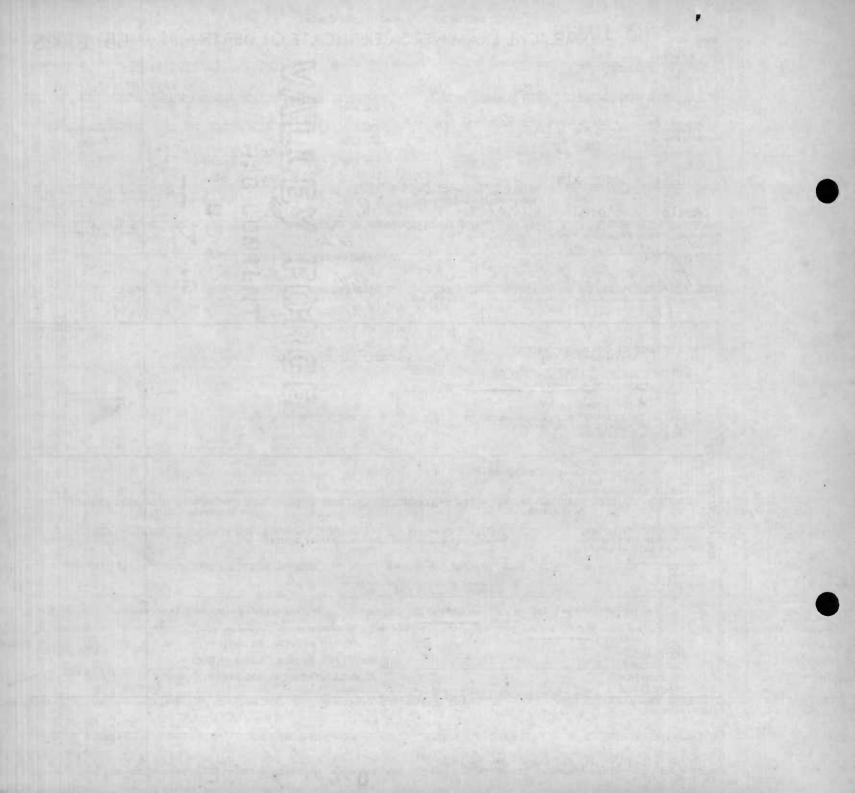


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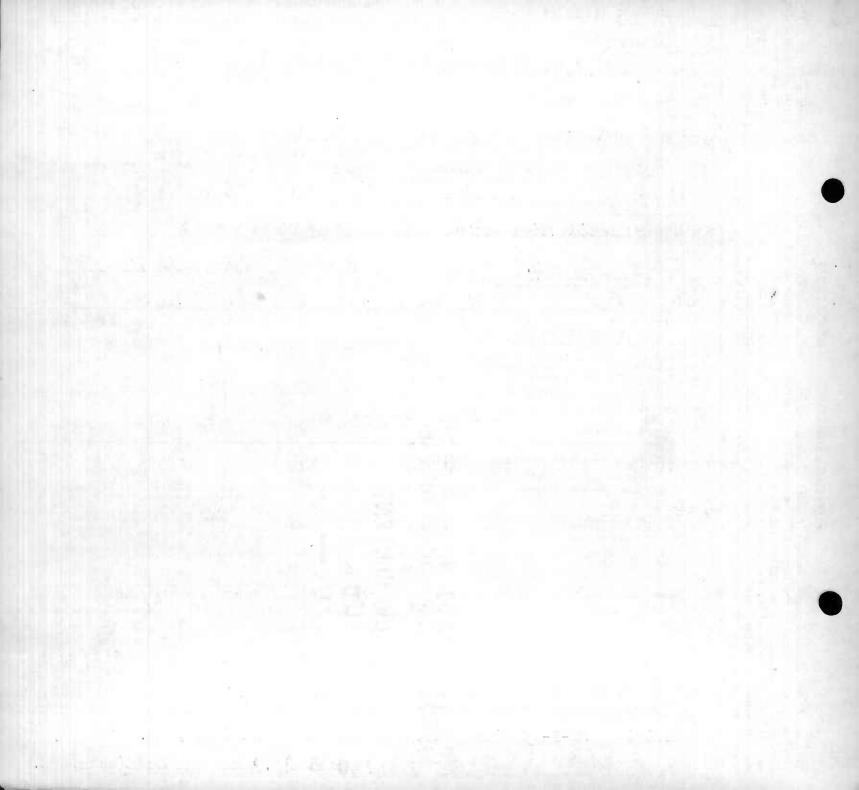
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(Type or Print)		«TOODDY	a anann	-				10.02 D
			G. SPEDD			ember 28,		10:03 P _M .
	LTIMORE, MARYLAND,			A. STATE	Maryland	eceosed lived. It in B. CC	Stitution: resi	dence before odmission
FULL NAME OF HOSPITAL OR	ADDRESS OR LO	PITAL OR INSTITUTI CATION)	ON, GIVE STREET	C. CITY OR TO		corporate limits, wr	Je RURAL o	nd give township)
NSTITUTION					D 1	16	1	(2)
	Franklin Squ	are Hosni	t a 1	D. STREET AD	Baltimor DRESS (If rurol, g		0	3 000
	rramerri bq	aure nospi	Lai	DI STREET AS			100	
5. SEX	6. RACE	7. MARRIED, N	EVED AA ADDIED	B. DATE OF BIS	404 N C	arrollton	Ave.	r 1 Yr. If Under 24 Hrs
	0. KACE		ORCED (specify)			9. AGE (In years lost birthdoy)	Months	Doys Hours Min.
male	negro	Marrie			27,1889	76		
	CUPATION (Give kind of v		USINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZ	EN OF AT COUNTRY?
Laborei	of working life, even if retire	0)		Taylor	s Island	Md.	*****	COOKINI.
3. FATHER'S NA		1			MAIDEN NAME			
Joe St	pedden			Annie	Wilson			
	SED EVER IN U.S. ARM	ED FORCES?	S. SÖCIAL	17. INFORMANT			ADDRESS	\$
	vn) (If yes, give war or d		SECURITY NO.	WINTER CRIVINA			APPRES:	
yes	W.W.1.	2	16 07 758	Marie S	Spedden	404 N.	Carro	llton Ave
18. 4	/ X :	HE HE		E OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
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	LEADING TO DEA		(A) Conie	estive he	art failu	re		
(This does	s not mean the made	of dying, e.g.,	DUE TO Bro	estive he	sthma	A. 34		
injury or o	re, osthenio, etc. It me complication which couse	ed deoth.)	DI.	onomia a	Dermia			
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DISEASES	ANTECENDENT CAL S OR CONDITIONS, IF		(B)		•••••			
RISE TO T	THE ABOVE CAUSE (A)	STATING THE	DUE TO					F6 J897.8.8
	ING CONDITION LAS	т.	(C)					
5				***************************************				***************************************
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TO THE	DEATH BUT NOT							
_	OR CONDITION CAUSI							
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UNDERLYING CA	USE OF DEATH.	etc.)						
Z 21 D TIME	(Month) (Doy) (Y	eor) (Hour) 21E	INJURY OCCURRED	21 F.	HOW DID INJU	Y OCCUR?		
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	ulted from: Natural	-						
165	troin. Italiar	A ACT	Jule 1					
ACTU	AL VA	las of	V		MEDICAL EXA			DATE SIGNED
SIGNA		Ster him	M.E	ASSISTANT	MEDICAL EXA	MINER X	9/29	1/65
EXAM	INER'S	or Broiton	ecker, M.D.	ASSOCIATE	MEDICAL EX	AMINER	3123	,,03
3A. BURIAL CI			NAME of CEMETERY	OF CREAM ATORY	23D. LO	CATION (Ci	ty, town, or	county) (State)
EMOVAL (Spec		230.	THATE OF CENTELEKT	O, CKENIATORI	230. 10	CAIIOI (CI	,, 10 1711, 01	(51013)
Burial	l Oct.	4.1965	Balto. Na	tional (em. Re	lto. Md.		
4A. DATE REC'	D BY HEALTH DEPT.	24B, NAME OF			ERAL DIRECTOR	7	11.1	ADDRESS 219
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VS 151-REV. 1/	1/65	7	Henry	0 (, ,			



BIRTH NO. 65 10 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered N	65 19028
M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DI	
1. NAME OF DECEASED (Type or Print) JENNIE JOHNSON	9/27/6	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RUR)	AL and give township)
	Baltimore)-	03
Citer Heavitele	D. STREET ADDRESS (If rurol, give locosion) 725 George St.	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH! 9. AGE (In years If L	Under 1 Yr. If Under 24 Hrs.
female colored WIDOWED, DIVORCED(specify)	9/28/82 lost birth doy) Moi	nths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
done during most of working life, even if retired)	VA.	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MNDERSON DAYLOR	Emmt WESI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	DRESS
140	HNdersoN Jmilh 128 n. t	algeon
TB. CAUSE	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Caro	inoma of colon	
(This does not mean the mode of dying, e.g., DUF TO	LITOMA OI COIOII	
heart failure, astheria, etc. It means the disease, injury or complication which coused death.)		
ANTECENDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		••••• • •••••••
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUILDING TO THE		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISFASE OR CONDITION CAUSING IT		
TIPA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
✓ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give ex-	oct location)
UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	office bldg., INJURY OCCUR?	
TO TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT	WHILE	
m. WORK AT W		
	topsy ond that on this bosis, death In my op	
resulted from: Notural causes Accident Suicia		
ACTUAL LIME DIA G	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MUNICIPAL M.D.	ASSISTANT MEDICAL EXAMINER X	9/28/65
EXAMINER'S NAME (Type) Warmer H Snitz M.D.	ASSOCIATE MEDICAL EXAMINER	1/20/0)
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town	, or county) (State)
BURIAL 191/65 21. LUK	KeiTerslowN	my
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
SEP 30 1965 DD R & FARMA	Toreph x Na- W 13	104 h. Carlas
V\$ 151-REV. 1/1/65	8/6/19 10 10	THE STATE OF



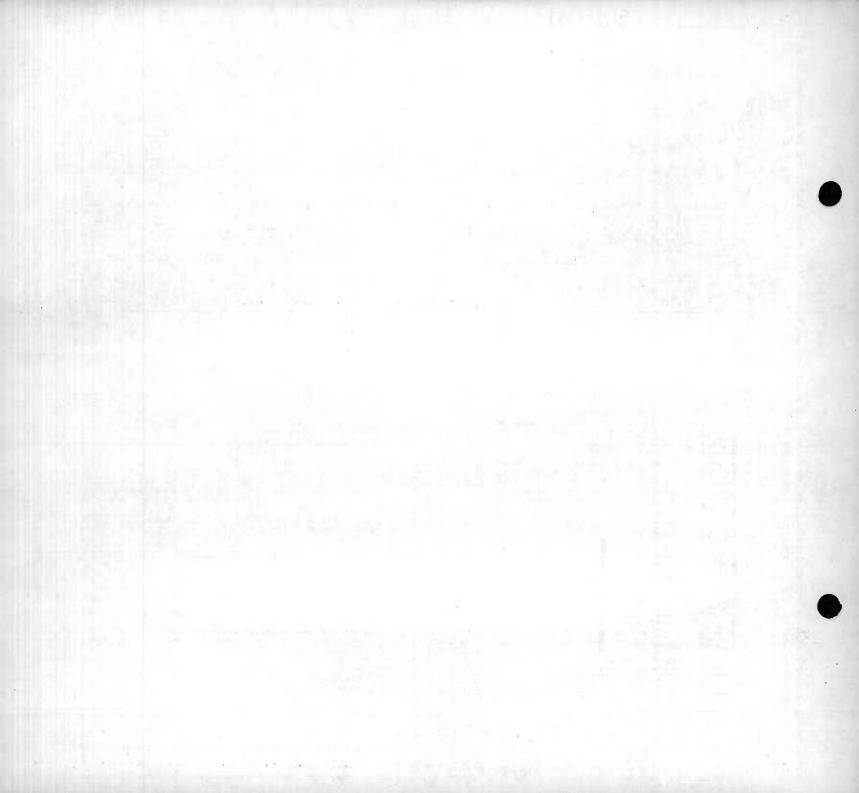
PATE HIDSON SESCHE UNION NO. 1717 NO. 1

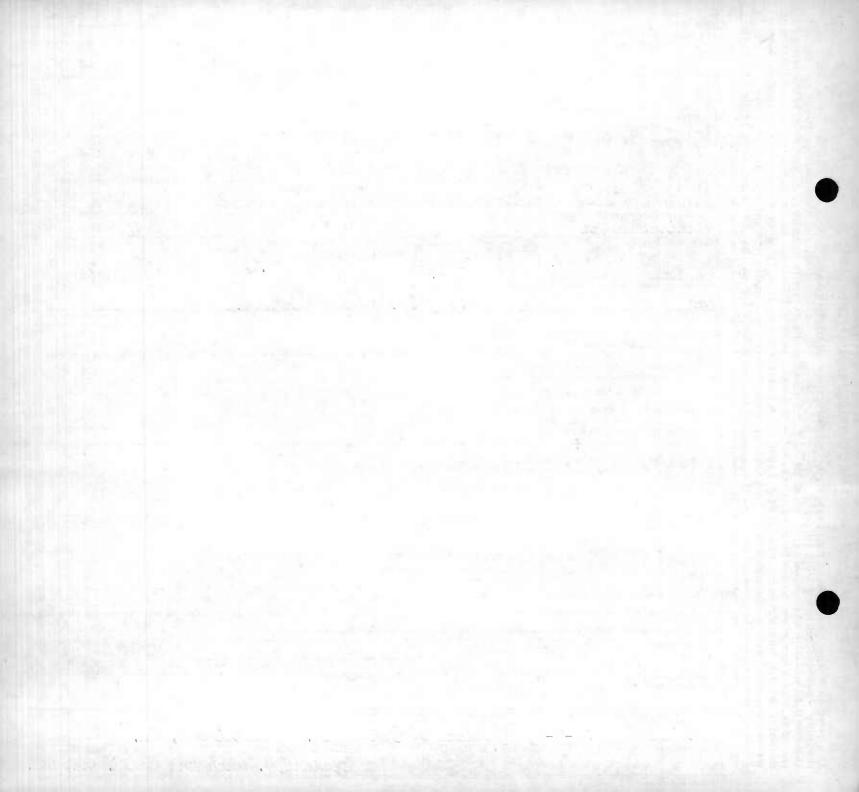


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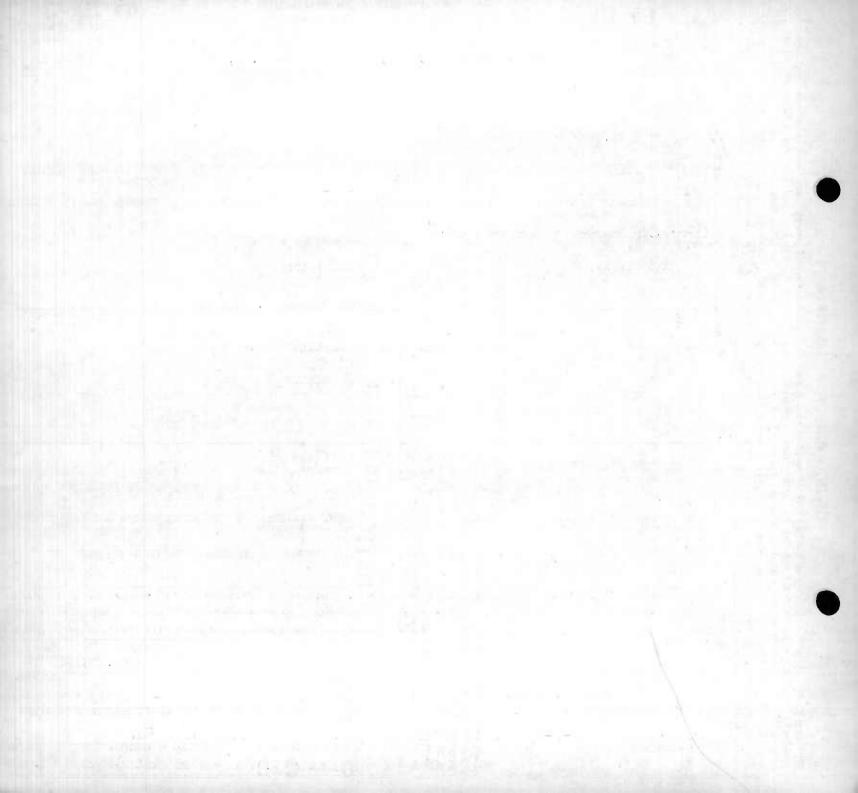
DIRECTOR:

FUNERAL



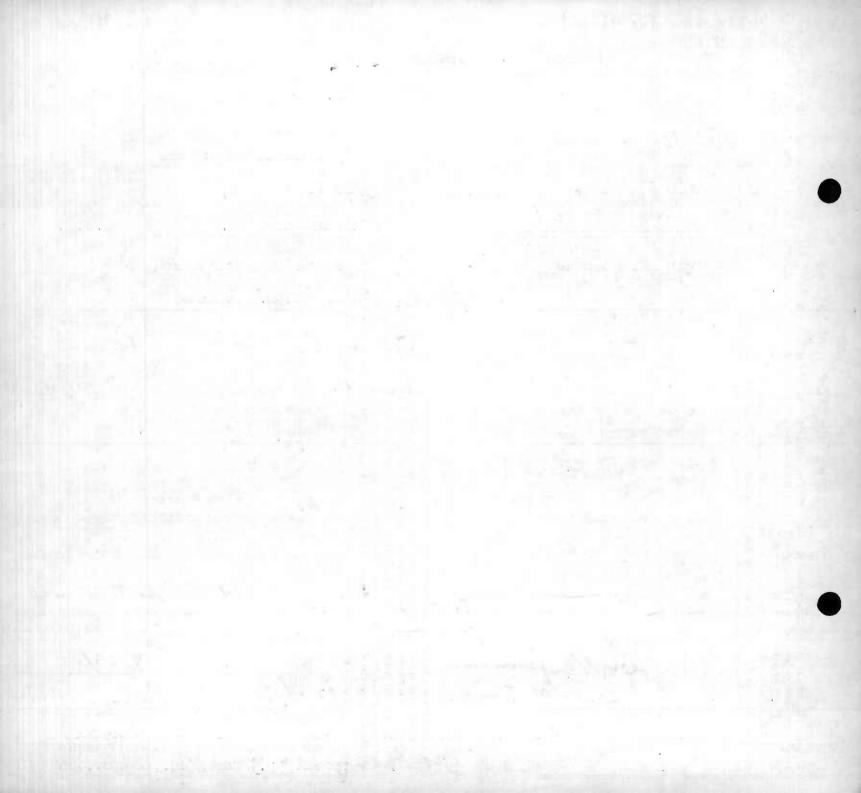


C	E 10000		BALTIMORE CITY	HEALTH DEPARTMENT		65 10033
SKIH NO.	5 10033		CERTIFICA	TE OF DEATH	Registered No.	00 20000
A.E. CASE NO.	ASED			2. DATE	AND HOUR OF DEATH	
Type or Print)	HE		JAMES J. Sr.	Sep	t.28,1965	12:50 A
PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived, if is UNTY	stitution: residence before admiss
FULL NAME OF	F (If not in hospital oddiess or location	or institution,	give stieet	Maryland	2. outside city limits, write	RURAL ond give township)
1				Baltimore	21206	
	St.Joseph	Hospita	1	D. STREET ADDRESS	(If iurol, give location)	
				6403 Hilltop	Avenue	
. S EX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24
Male	White	Mar	ried (specify)	9-12-90	lost birthdoy) 75	Months Doys Hours Mir
	PATION (Give kind of wor	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	neign country)	12, CITIZEN OF WHAT COUNTRY?
010	in Louee.	Stor	el Co.	Ireland		1/54
3. FATHER'S NAM	7	JARRE	ac Co.	14. MOTHER'S MAIDEN N	AME	UNI
				A1 . 1		
	Known			Not known		
5. Was Deceased Yes, no oi unknown)	Ever in U. S. Armed Fo (II yes, give wor or dot	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			218520225	Mrs Delia A	Hoolow	Aama
1B. 230	X X OO	7 1	CAUSE C	OF DEATH	· reacey	INTERVAL BETWEEN
	E OR CONDITION DI	PECTIV				ONSET AND DEATH
	LEADING TO DEATH		Hic	h Intestinal O	hetmution	
	at mean the made a		, DUE TO	II THOGSOTHAT O	DO OI COTOII	
	asthenia, etc. II mean: plication which caused					
			Tun	or at pyloric	region ?	
	NTECEDENT CAUSE		DUE TO			
	R CONDITIONS, if					
	abave cause (A)	stuting the	(C)		######################################	******************************
	II.		7 11	77 1 77-19		
E TO THE DE	TCANT CONDITIONS (ATH BUT NOT REL CONDITION CAUSING	ATED TO TI	IG	ive Heart Failu y Tuberculosi		
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	None	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. A CCIDEN	T WAS UNDERLYING	21	B. PLACE OF INJURY (o. G.	n or obout 21C. WHERE DID	(II in Boltimor	e City, give exact location)
OR CONTRIBU	TING CAUSE OF	hor	me, form, foctory, street, o	Ifice bldg., INJURY OCCUR?		7. 0
U						
M OF INTHEY	(Month) (Doy) (Yeor)		E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)			hile At Not Whi			
22 1	Abox (I) (abia bassiss				10 65 · Set	pt. 28, 19 65
				Sept. 16,		
1	lost sow the deceas					nion deoth occurred on the
ond hour and	from the causes sta	oted obove. ((1) (# &) (did) (&)	view the body ofter deat	h.	
23A. SIGNATUI	RE					238. DATE SIGNED
You.	mit. &	Vn.	M.D. Att	ending Med. Director	Stoff Phys.	Sept. 28, 1965
23C. PHYSICIAI	N'S	w pez	rny	23D. ADDRESS	, пуз.	20120120
NAME (Ty	pe)	Long			31 - 01	03.03.0
	Ramon P.	Lopez	M.D.	1400 N. Car	oline Street	- 21213
24A. BURIAL CREA	AATTON, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (Stat
burial	10-1-	65 H	Lu Radaaman	Com	Baltimore,	Md
25A, DATE REC'D	BY HEALTH DEPT	25B. NAAAE	OF REGISTRAR	25C. FUNERAL DIRECT	Duccinone,	ADDRESS
ON DATE REC'D		A A	C C Lacol san	2 0	Buch On	Baltimore, Md.
2	EP 30 1965	Mobiel	I C Maybey MA	1 Leonard y	MUCR YNC	Dallinore, ma.
\$ 150-REV. 1/1/6	5					



05 100	20.4	BALTIMORE CITY	HEALTH DEPARTMENT		CF 4000
MRTH NO. 65 100 M.E. CASE NO.	134	CERTIFICA	TE OF DEATH		65 10034
MANAE OF DECEASED	incent J.	Piraino		tember 28	
RACE OF DEATH IN BALT	MORE, MARYLAND			re deceased lived. If	institution: residence before admission
FILL MANE OF ME	to the salary or the others.		Md.		9-10
FULL NAME OF (If not HOSPITAL OR oddres	in hospital or institutions or location)	on, give street	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township!
	. 1 /1		Baltimore		
1/22 Lake	side Avenu	le	D. STREET ADDRESS (If	rurol, give location)	
			1722 Lakes.	ide Avenu	le
5. SEX 6. RACE	144001	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male Whi		rried	5/26/1896	69	
OA. USUAL OCCUPATION (Give lone during most of warking life, ev		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Pharmacist 1			Baltimore,	Md.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Carant D:	aina		00,001	0-61.	
Joseph Pire	Armed Forces?	16. SOCIAL	Josephine	× moroquii	,O ADDRESS
Yes, no or unknown) (If yes, give	wor or dotes of service	e) SECURITY NO.	Mrs. AnneB.		Same
		212037850		rotaino	
18. 42011		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONT			01.		f 1.
(This does not mean the		.g., DUE TO	onary Occlusi	*N	fen seconds
heart failure, asthenia, etc injury ar camplication wh		150,	11 7		17 months
ANTECEDEN		(B) Corun	ary Heart Disea	we	1 months
DISEASES OR CONDIT			J		
rise to the above o	ause (A) stating				
UNDERLYING CONDITION	N last.				
OTHER SIGNIFICANT CON	IDITIONS CONTRIBUT	TING			
TO THE DEATH BUT	NOT RELATED TO				
TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNI	198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? Yes or No	208. IF YES, WER	E FINDINGS CONSIDERED
	WAS PERFORMED		No	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT WAS UNI	DERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltim	ore City, give exact location)
DEATH (notify medical exer	niner)	home, form, foctory, street, cetc.)	mice pidge indakt OCCOK:		
21 D. TIME (Month) (D	loy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Month) (D OF INJURY (APPROX.)		While At Not Whi			
	1 11	Work At Work	a 1	/ 1/	Contracts
		d the deceased from	1/12-	19 64 to	Jupr. 1965
that (1) (we) last saw th				nat in (my) (nut) a	pinion death accurred on the da
	auses stated above	. (I) (did) (did no t)	view the bady after death.		
23A. SIGNATURE	m 7			£	23B. DATE SIGNED
Loy	11 Simm	M.D. Att	ending Med. Director	Stoff Phys.	7/29/65
23C. PHYSICIAN'S NAME (Type)	/10 -		23D. ADDRESS	D , D /	D 14 11 1
1/201	1 /M. Zi.	mmerman M.D.	3202 Hart	and Nd	Boltimere Md
24A. BURIAL CREMATION, 24	B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	City, tawn, ar county) (Stote)
Burial (Specify)	10/1/65 /	Joly Redeemer	Cemetery	Battimor	e. Maryland
25A. DATE REC'D BY HEALTH	DEPT. 258, NAM	TE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SFP 30	1965 1200	DE E Marker MA	o leconares 1.	Ruch Inc	Balto Md. #1.
AF: O	in the same	THE WAR	750,000	311001192160	3200000 11100 111

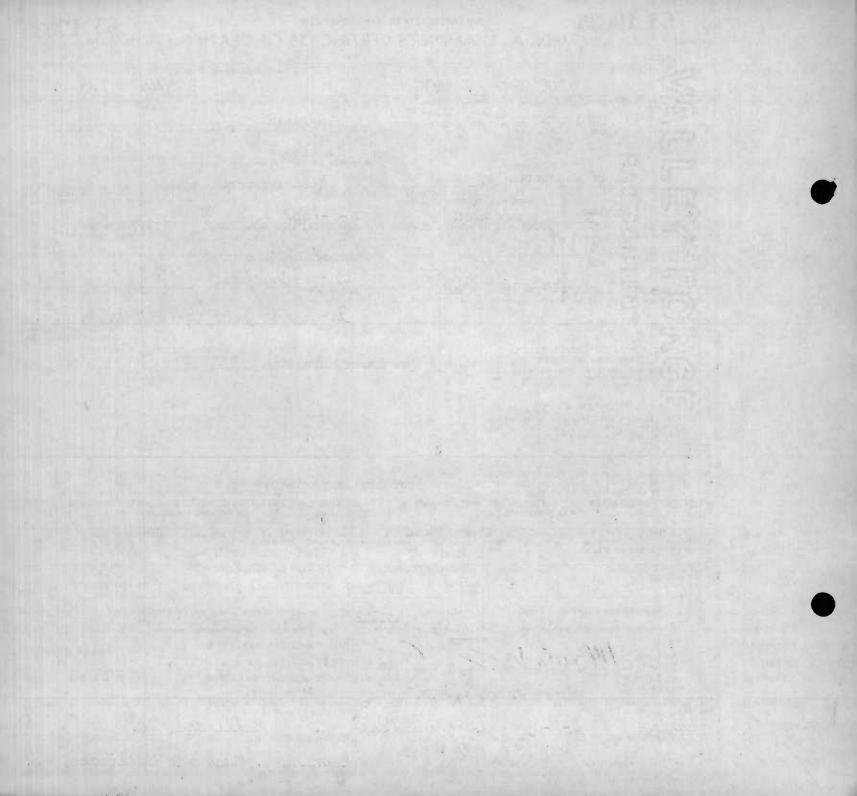
V\$ 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

65 10035

BIRT	TH NO.	MI	EDICAL EX	AMINER'S C	ERTIFICA	TE OF D	EAIH Register	red Na			
	E CASE NO.										
1. 1 (Ty	Pe or Print		LIZABETH &	GEIWITZ		2. DATE AND	HOUR PRONOUNCE	1-1 -	00 p		
3. P	LACE IN BALT	TIMORE, MARYLAND		NCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR TO		corporote limits, write	RURAL ond gi	ve township)		
0		1626 Wad	sworth Way		D. STREET ADD	RESS (If rurol, g		<u> </u>			
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr	, If Under 24 Hrs.		
1	female	white	widou	IVORCED (specify)	4-6-18		lost birthdoy)	Months Doys	Hours Min,		
		UPATION (Give kind o working life, even if reti		BUSINESS OR INDUSTR	11. SIRTHPLACE	(State or foreign	country)	12. CITIZEN O			
72	Houseu				Mary M	Land			USH		
13.1	FAIREKS NAM	ne o	linealhan	6	Man.	Schnei	dan				
		D EVER IN U.S. AR		16. SO CIAL	17. INFORMANT	Jenner	aer	ADDRESS			
		(If yes, give wor or	dotes of service)	SECURITY NO.	Frada	nich C	aimi += 12	21 Uni	an Aug		
-	1B	2000		CAUSE	OF DEATH	DUCK 91	erwitz 12.	INTI	ERVAL BETWEEN		
	DISEA	SE OR CONDITION	DIRECTLY			No.		ON	SET AND DEATH		
		LEADING TO DE	ATH	(A) Presi	mably dro	wning					
	heort foilure,	not meon the mod , osthenio, etc. It m mplication which cou	eons the diseose.	DUE TO		1					
		ANTECENDENT CAUSES									
	DISEASES	OR CONDITIONS,	IF ANY, GIVING	(B). DUE TO							
7		NG CONDITION L		(C)							
Ó		ll ll		(0/	_						
CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT	RELATED TO TH	cerel	ral arter	riosclero	sis				
	19A. DATE OF		CONDITION FOR W	HICH OPERATION	yes		OB. IF YES, WERE FIN N CERTIFYING CAUS				
□	UNDERLYING	OR CONTRIB-	21 B. P home, etc.)	form, foctory, street, home	office bldg., INJUR'	where bid (18 y occur?)		ve exoct locotio	38		
Σ	21 D TIME OF INJURY (APPROX.)		65 ? W	E. INJURY OCCURRED HILE AT NOT	WHILE X ADT	ow or injur	drowned in	bathtub			
	22,		m _s w		/ORK		basis, death in m				
		tify that I held an Ited fram: Natura		ccident V Suicid		. —	determined manne				
	ACTUA		e he	5-1-	CHIEF M	EDICAL EXA		D	ATE SIGNED		
	SIGNAT EXAMIN NAME (VER'S	man II Sni	7 5	ASSOCIATE M			9/28	3/65		
	MOVAL (Specif	MATION, 23B. DAT	ner II. Spi	NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	town, or county	y) (Stote)		
	burial	10-		orraine Pa	rk Cem.	Ba	ltimore, 1	Md.			
244	A. DATE REC'D			of REGISTRAR LOWER M.D	24C. FUNER	AL DIRECTOR	Ruck Inc	ADDR			
Vs	151-REV. 1/1/	165 2 1 0 0	7991	50	0 6	0 3					



11 1 65 10020	BALTIMORE CIT	Y HEALTH DEPARTMENT	CE 4002C
BIRTH NO. Washington Es. 32936	CERTIFICA	ATE OF DEATH Registered No.	.65 10036
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEATH	н
(Type or Print) POTTORFF PA	HU) F 11	1 9-28-65	1555 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital at institution, address at lacotion)		C. CITY OR TOWN (If outside city limits, write	FAGERS JOWN.
Johns Hopkin	s Hospital	D. STREET ADDRESS (If rurol, give locotion)	71-03
BALTIMONE M		819 Washing	ton AUB
5. SEX 6. RACE 7. MARRIED, WIDOWE	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years 0) lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BOUND F BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired) None	None	man land.	WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NAME	
Pattorett M. Paul		Parlette Juanita Wolfe	ensberger
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Hagerstown, Md.
No	None	Mr. Paul 3. Pottorff Ir. 819	Washington Ave.
18. 3-6 1. 5 T	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	1.	10 10
(This does not mean the made of dying, e.g.,	(A) DUE TO	arduax arruss	25 min
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			
ANTECEDENT CAUSES	(B)	Possible Sipsis	2 days
DISEASES OR CONDITIONS, if any, giving	DUE TO	0 -1.0 -0.0	O HIO
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	Congenital amphable	le sclave
II.		0	
O THER SIGNIFICANT CONDITIONS CONTRIBUTION			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		TAGA	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED CO	nginital Unishel	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY Te.g.,	in or about 21C. WHERE DID (If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF CEACH		office bldg., INJURY OCCUR?	
21D. TIME (Manth) (Day) (Year) (Haur) 21E	. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	rile At Wark At Wark		
22. I certify that (*) (this hospital) attended t	he deceased fram	9 0 3 19 65 10	9/28 19 65
that (1) (w) last saw the deceased alive an	559pm 9/	38 19 6 3 and that in (my) (our) a	pinian deoth occurred an the date
and haur and fram the causes stated above. (
23A. SIGNATURE		House Officer	23B. DATE SIGNED
Jehn W. Shuson		ys. Med. Stoff Director Phys.	9/28/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
John D. Johnson	M.D	THE COMING HOPHERD HO	
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CI	REMATORY 24D. LOCATION	City, town, or county) (State)
Burial 9/30/65 K	Rest Haven Cent OF REGISTRAR	netery Hagerstown	Md.
	DF REGISTRAR	WW. UI	Non ADDRESS
OCT 1 1965 R. D. A. E. Fast	KUELIA (Rest Haven Funeral Chap	el Hagerstown, Md.
VS 150=WEV 1/1/65			

The second of the second secon and the second of the second of the second of

23C. NAME of CEMETERY or CREMATORY

248, NAME OF REGISTRAR

Arlington Nat. Cem.

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

Arlington, Va.

Schimunek Funeral Home, Inc. 2601 E. Madison St.

(State)

(City, town, or county)

SIGNATURE_ EXAMINER'S

NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/65

Burial

Werner

23B, DATE

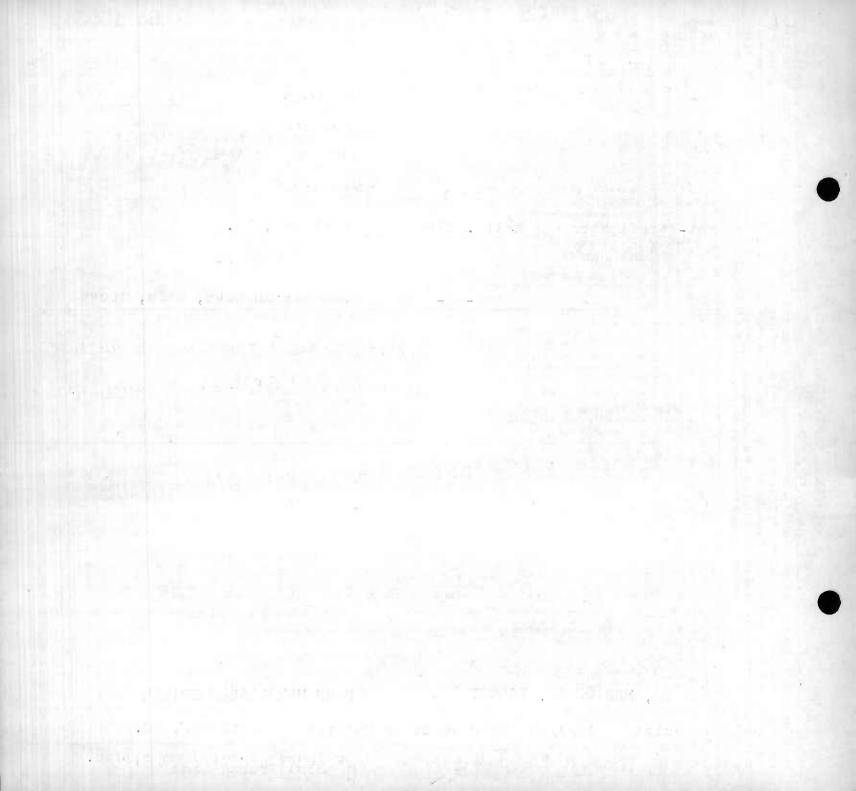
10/1/65

V.S. 153 10-8-65 M.H.

IMPORTANT

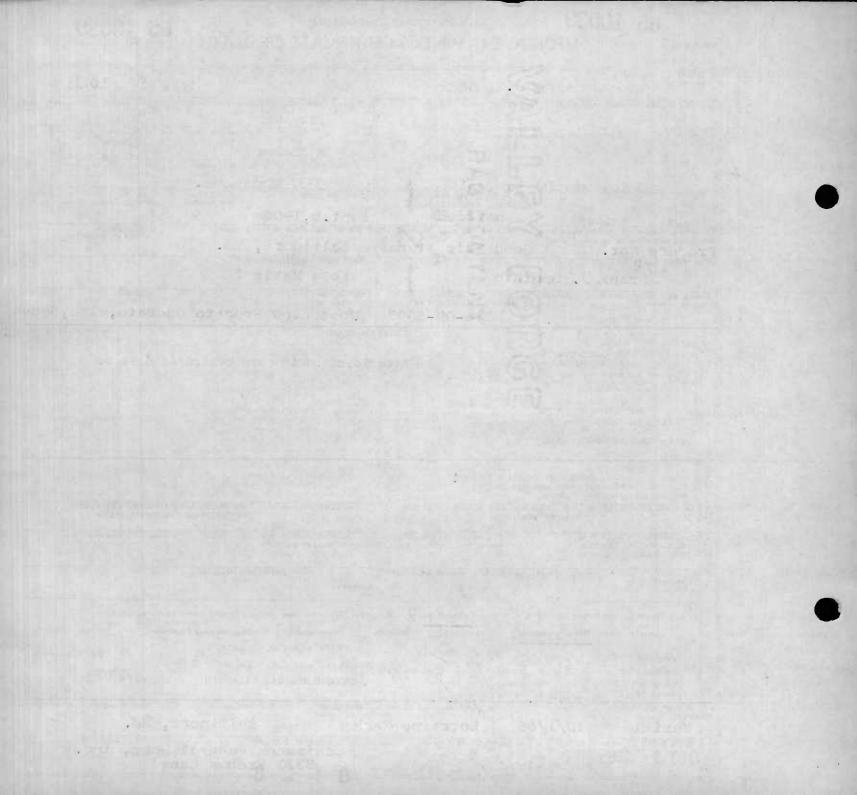
FUNERAL DIRECTOR:

	65 100	28	BALTIMORE CITY	HEALTH DEPARTMENT		05 40000	
BIRTH NO.		40	CERTIFICA	TE OF DEATH	Registered No	. 65 10038	
M.E. CASE NO	ECEASED				AND HOUR OF DEAT		
Type or Print)	DOVE HI	ARRY	1.	SEF	PTEMBER	28 11965 115	
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	here deceased lived. If	institution: residence before admiss	
Chon	ON MEMORIAL	HOSPIT	AL	A, STATE B. COL	TIME	119	
HOSPITAL C	E OF (If not in hospital oddress or location	or institution,	give street	MARYLAND	0	RURAL ond give township)	
INSTITUTION		"				e RURAL and give township)	
. /				BALTTMORE			
9				O. STREET ADDRESS (If ruiol, give location)			
				1907 BURN	UWOOD KO	(LA)	
SEX	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min	
M	Caucasian		Ried	12-16-1890	74		
A. USUAL O	CCUPATION (Give kind of work			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
	of working life, even if retired)		0:4	Da 145 man	Md	WHAT COUNTRY?	
	refighter	Balt	o. City	Baltimore,			
FATHER'S N				14. MOTHER'S MAIDEN N			
	unknown			un	known		
5. Wos Deceo	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	(If yes, give wor or dote	s of service)	SECURITY NO.		- Description		
		22	0-44-6668	Rose Herma	n Dove, w.	ire, above	
1B. Ma 6	5 / X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISI	EASE OR CONDITION DIR	RECTLY			-		
	LEADING TO DEATH		(A) My	OCARDIAL I	NFARCTION	IMMEDIATE	
	s not mean the mode of ire, asthenia, etc. It means		DUE TO				
	camplication which caused			100 00	17		
	ANTECEDENT CAUSES		(B) HRIER	lioscierone c	V DISEASE	- Many years	
DISEASES	OR CONDITIONS, if	any giving	OUE 10				
	the obave cause (A)		(C)				
UNDERLY	ING CONDITION last.						
	GNIFICANT CONDITIONS C			Λ Λ			
	DEATH BUT NOT RELA		"Abdominal	HORTIC HIEU	RYSM	UNK.	
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?	
9-29	3-65 Abd	AORTIC I	Aneury SM-Ru	rured NO	IN CERTIFIENCE	AUSES OF DEATH:	
	DENT WAS UNDERLYING	21 B	PLACE OF INJURY le.g., i	or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)	
	RIBUTING CAUSE OF ofify medical examines			fice bldg., tNJURY OCCUR?			
21 D. TIME	1.4		DILLIAN CACULARIA	215 110 11 212 11	IIII O O O O II III		
OF INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR!		
(APPROX.)		Wo	rk At Work				
22. 1 cert	ify that (1) (this hospital) attended t	he deceased from SE	PT 27	1965 to SE	PT 28 1965	
						pinian death occurred on the	
						pinion death occurred on the	
and haur	and fram the causes stat	ted abave. () (We) (did) (dld not) v	iew the body ofter death	1.		
23A. SIGN	ATURE /	1				23B. DATE SIGNED	
1	Jacon I	1016	M.D. Atte	ending Med.	Stoff Phys.	SEPT-28, 1965	
23C. PHYSI	CIANS	aroo	/	23 O. ADDRESS			
NAMI	E (Type)	TALBO			RIAL HOSPI	TAI	
1							
4A. BURIAL C	CREMATION, 24B. DATE		AME of CEMETERY OF CRI			City, town, or county) (State	
Buri		55 HO	ly Redeemer	Cemetery F	Baltimore,	Md.	
	C'D BY HEALTH DEPT.		DE REGISTRAR	25C. FUNERAL DIRECTO	OR	ADDRESS	
007 4	1965 R. De &	E to		Schimunek	Funeral	lome, Inc.	
	1300 (Colored	1	5 1	8 3331 B	rehms Lane		
/S 150-REV. 1.	/1/65						



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	65	10039	8	ALTIMORE CITY HEAL	TH DEPARTMENT		6	5 19039	
BIRTH	i no.	MEDI	CAL EX	AMINER'S CI	ERTIFICATE	OF DE	ATH Registe		
	CASE NO.								
1. N (Type	AME OF DEC	FRAN	K J. ON	ORATO	2.	DATE AND	9/27	/65 10:3	35 p _{м.}
3. PL	ACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDEN	CE(Where de	ceosed lived. If inst	titution: residence befo JNTY	ore odmission)
HOS	NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Mary	rland		e RURAL ond give to	
					Balti D. STREET ADDRES		ve locotion)	1670.	5
	1	Inion Memoria	1 Hospii	tal	3537	Elmles	Ave.		
5. SE	Х	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Months, Doys, H	
TOA I	nale	white	mai	NVORCED(specify) Cried BUSINESS OF INDUSTRY	Sept.8,1	.906	59	12. CITIZEN OF	
done	during most of v	vorking life, even if retired)						WHAT COUN	TRY?
	ODUCE		Good 1	Fair Stores	14. MOTHER'S MAIL		10.		
13. 14	***************************************	rank J. One	orato		Rose M		?		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
1163,	no or onknown.	th yes, give wor or gole	2	16-09-5093	*	ne Bro	ocato Onc	orato, wif	
1	8. 4	2.1:		C AU SE	OF DEATH				AL BETWEEN
ERTIFICATION	DISEASES RISE TO TH UNDERLYIN	LEADING TO DEATH not meon the mode of osthenio, etc. It meons inplication which coused of NITECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (AI ST NG CONDITION LAST. II NIFICANT CONDITIONS	S NY, GIVING ATING THE	(B)	rioscleroti	ic card	lovascular	disease	
H		DEATH BUT NOT REL		1E					****************
CERT		OPERATION 198, CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (B. IF YES, WERE FI	NDINGS CONSIDER SES OF DEATH?	ED
UI	JNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. F home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or about 21C. WH ffice bldg., INJURY C	ERE DID (IF	in Boltimore City, g	ive exoct location)	
Σ 2	OF INJURY (APPROX.)	(Month) (Doy) (Yeor			WHILE	V DID INJURY	OCCUR?		
		LURE WILL	uses A	Inspection Autoccident Suicide	opsy ond to Homicide CHIEF MED ASSISTANT MED ASSOCIATE MED	DICAL EXAMINATION OF THE PROPERTY OF THE PROPE	determined monn MINER MINER MINER MINER	er 🗌	E SIGNED
	BURIAL CRE OVAL (Specification) Buria	MATION, 23B. DATE	65	Horraine Pa	ark		ltimore,		(Stotel
24A.	DATE REC'D	1965 Robert	0 7	OF REGISTRAR Dev M.M.			uneral H hms Lane	ome, Inc.	
VS	151-REV. 1/1/	65			0	Served Servey	/- /- /		



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ST. ASKES KENTRES - CATOLIE WILLIAMS

(5 10040		TY HEALTH DEPARTMENT	od NS.5 10042
BIRTH NO. 65 10042	CERTIFICA	ATE OF DEATH Registers	od No. U 111142
1. NAME OF DECEASED	0.1	2. DATE AND HOUR OF	3 %
3. PLACE OF DEATH IN BALTIMORE MARYLAND	139	4. USUAL RESIDENCE (Where deceased liv	55 4. P
S. FLACE OF DEATH IN BALLIMORE, MARILAND		A. STATE B. COUNTY	1 10 100
FULL NAME OF (If not in hospitol or institution, g	jive street		wite RURAL and give township)
INSTITUTION		C. Citi ok lovit (ii duiside city limins	5 3
Bon Secours Hospi	tal	D. STREET ADDRESS (If rurol, give loco	tion)
		32 Maple Drive	
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yet lost birthday)	Months Doys Hours M
Male White DIVOI	RIGINESS OF INDUSTI	12/4/15 lost birthdoy) 49	12. CITIZEN OF
done during most of working life, even if retired)	4 .		WHAT COUNTRY?
General ConTractor Bui	lding	DELAWARE	4.5 7.
Franklin Dolby			
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Dollie Elliott	ADDRESS
(Yes, no or unknown) (II yes, give wor or doles of service)	SECURITY NO.	HOSP. REC. RO	
18. 581.01	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Clark as AP 11 1.	
(This does not mean the mode of dying, e.g.,	(A) DUE TO	Cirrlosis of the Lin	
heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)			
ANTECEDENT CAUSES	(B)	***************************************	- O awww-rivide it trist a a COO O a Caa an airdisid a a a a at a free of go 7 a a a may he for som O a free O a a ta O C
DISEASES OR CONDITIONS, il any, giving			
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)		
l l			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 1218.	E		
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR V		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES.	WERE EINDINGS CONSIDERED
WAS PERFORMED		NO IN CERTIFYII	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTION OF CAUCA OF	PLACE OF INJURY (e.g.	in or about 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
DEATH (notify medical examine) etc.)			
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) Whi	le At Not Wh	hile D	
22. I certify that (I) (this hospital) attended th	ne deceosed from	9 / 24 19 65 10	2 / 28 19 6
that (I) (we) last saw the deceased alive an	9/28	1 4	ur) apinion death accurred an the
and hour and from the causes stated above. (1) (We) (did) (did not)	view the bady ofter death.	
23A. SIGNATURE			23B. DATE SIGNED
Byong Have Kim		ttending Med. Stoff Phys.	7/28/1
23C. PHYSICIANS NAME (Type)	11.4	23D. ADDRESS	01711 011-11
13. H. KI	14. M.D		PITAL, BALTIMOKA
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF C		(City, town, or county) (51
Burial 10/1/65 Odd		ed, Laurel	De1.
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS De
1902 (150m) E 604	Weith !	VINDONS VISHAR	DON LITUREL DE
VS 150-REV 1/1/65		me Illing Alabil 10	A.A. 18.1.6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1

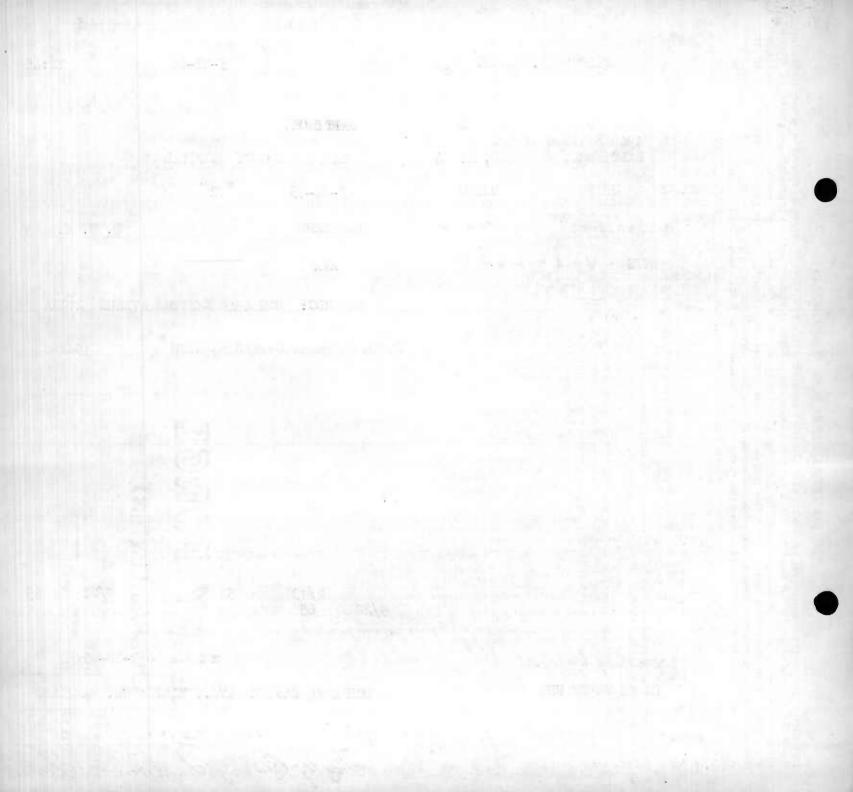
Enred Contacts Building 1115 NEC. MEDIL

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	65 10043	BALTIMORE CITY	HEALTH DEPARTMENT	(5 40042
	H NO. OU LUUTO	CERTIFICA	TE OF DEATH	Registered Na. 1	55 10043
1.N. (Typ	AME OF DECEASED o or Print) LACE OF DEATH IN BALTIMORE MARYLAND	HEATH COTE	4	129 65	12 15 hitution: residence before admission
F	ULL NAME OF (If not in hospital or institution) OSPITAL OR address or location) STITUTION	tion, give street	MARYLAA	D	JRAL and give township)
1	(NIOW MEMORIA	L HOSP	D. STREET ADDRESS (III	NE rural, give lacotion) LESWICK	RD
5. S	F W WID	RIED, NEVER MARRIED OWED, DIXORCED (specify)	5-/15/20	43	If Under 1 Yr. If Under 24 h Months: Days Hours Min.
dane	USUAL OCCUPATION (Give kind of work 10 B. KIN during most of working lite, even if retired)	D OF BUSINESS OK INDUSIKY	11. BIRTHPKA GE (Sigle or fore MAPPLAN 14. MOTHER'S MAIDEN NA.	D	12. CITIZEN OF WHAT COUNTRY?
15. V	JOHN SATZNER	1 6. SOCIAL	MARJORIE	BOWE	ADDRESS
	,no or unknown) (If yes, give war ar dates of serv	SECURITY NO.	NORMAN	HEATH BO	TE SAA
	LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the distingury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stoling UNDERLYING CONDITION last.	(B) Por DUE TO	ute medio	hogus	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
CERTIFIC	19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
-4	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	n or about 2 C. WHERE DID	(If in Battimare	City, give exact location)
ā	21D. TME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED White At Not White At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (#) (this hospital) attend that (H) (we) last saw the deceased alive and haur and fram the causes stated abo	an 12:15 AM 9		of in (my) (aur) apln	ian death accurred an the c
	23A. SIGNATURE. ACLUS UTUM 23C. PHYSICIAN'S NAME (Type)	M.D. Att	ending Med.	Stoff Phys.	PITAL
24A	BURIAL CREMATION, 24B, DATE 24	M.D.			, town, or county) (State
	Burial 10/2/65	Moreland Memor	rial Park Ta	aylon Ave.	Md •
25 A	. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C_FUNERAL DIRECTOR		APORESS

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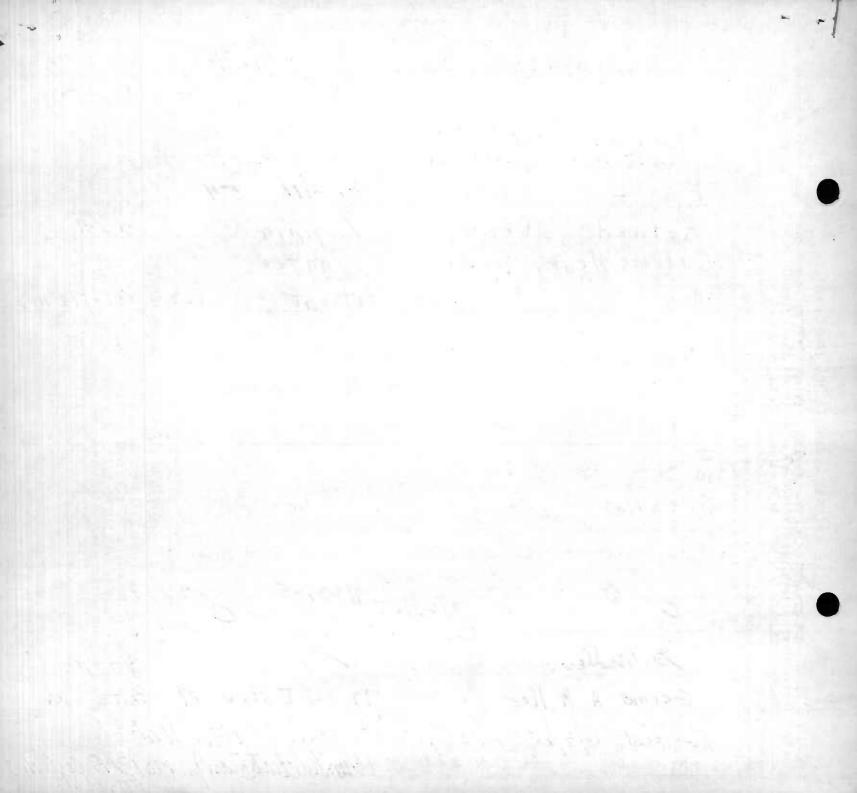
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	# \$ 0.00 P	12
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	21
	rhi he ka	123

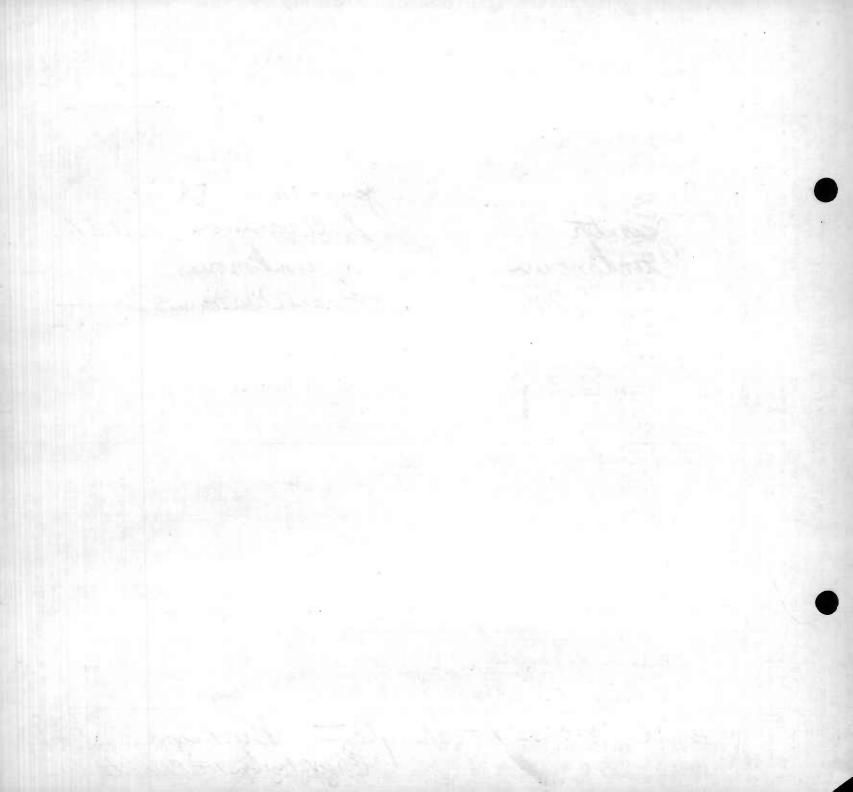
	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 100	47 CERTIFICA	ATE OF DEATH	Registered Na	65 10047
M.E. CASE NO. 1, NAME OF DECEASED		lo DATE AN	ID HOUR OF DEATH	
(Type or Print)	1 11	0 7		0 1115
B. PLACE OF DEATH IN BALTIMORE, MARYL	ITTER		17,1965	7,45 AA
. FEACE OF DEATH IN BALTIMORE, MARIE	AND	A. STATE B. COUN	TY	titution: residence before admission
FULL NAME OF (If not in hospital or i	institution, give street	Maryland		11-04
HOSPITAL OR oddress or location)			tside city limits, write R	URAL ohd give township)
University of Mary	leticallo al	Baltimore		
1	1	D. STREET ADDRESS (If	rurol, give location)	-1
Lombard & Grane St	0 310	previous address	Since Febr, 19	14
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	WASVILLE MOSPITAL
	WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Male Negro	Widowed	0-18-44	7 1. your	
OA, USUAL OCCUPATION (Give kind of work 10)	B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
11261		100, C. m	no	1197
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ALE .	MIN
S. FATHERS		14. MOTHER'S MAIDEN NA	VIE /	
Ku howe M	llel	(On10 - Day	Runs	
5. Was Deceased Ever in U. S. Ameed Forces	? 16. SOCIAL	17. INFORMANT	71-2000	ADDRESS
Yes, no or unknown) (It yes, give woy or dotes o	SECURITY NO.), 1 in	2 11	
- Jell		Melorice	Iller	Admi
18. 15 3 X 10	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY		4	
LEADING TO DEATH	(A) 19	COUNTY	MCINTM!	4
(This does not mean the mode of dy heart failure, asthenio, etc. It means the	ing, e.g., DUE TO	^		F1
injury or complication which caused de	ath.)	1000 cm/= >	we melaste	242
ANTECEDENT CAUSES		000000		
	DUE TO			
DISEASES OR CONDITIONS, if ony				
UNDERLYING CONDITION Iosi.	7111g 1110 (C)			<u></u>
11		•		
OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING CANDULE .	unal Karley	11.	
OTHER SIGNIFICANT CONDITIONS CONTOURS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE TARIANCE	wat - by see	la deseare	Carpinal & human
19A. DATE OF OPERATION 19B. CONDIT		20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
WAS PERFOR	MED		IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	al obstruction		(II : B II:	
OR CONTRIBUTING CAUSE OF	home, torm, toctory, street,	office bldg., INJURY OCCUR?	(It in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (I	Hour 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	nile 🗂		
(APPROX)	Work At Work			. /
22. I certify that A (this hospital) a	ttended the deceased fram	9/14	19 65 to	9/77 1965
that (1) (we) last saw the deceased of	0/22	46		
	. 11		or in (my) (our) apin	ian death accurred an the da
and haur ond fram the causes stated	above. (M (We) (did) (did not)	view the body after deoth.		
234. SIGNATURE	0			23 B. DATE SIGNED
Melitales (K		ttending Med.	Stott	9/57/-5
23C. PHYSICIAN'S	sec "	23D. ADDRESS -	Phys.	11-1163
NAME (Type)		230. ADDRESS	5 Ma	00 0 1
	M.D	. Unward	1 / Tones	Land west not
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. Le	OCATION (City	(State)
REMOVAL (Specify)	13.01. m	1 / 1	noto	
13mme 19/1965	Lieto IIA	- Cev ,	Julio me	X
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
OGT 1 1965 (P. P. S.	2 T. A. 5 0 0	0 8/1/2011	Man ilan	Bucato 161.
/\$ 150-REV. 1/1/65	-, NOWE, ME	The state of the s	2000	Juny of

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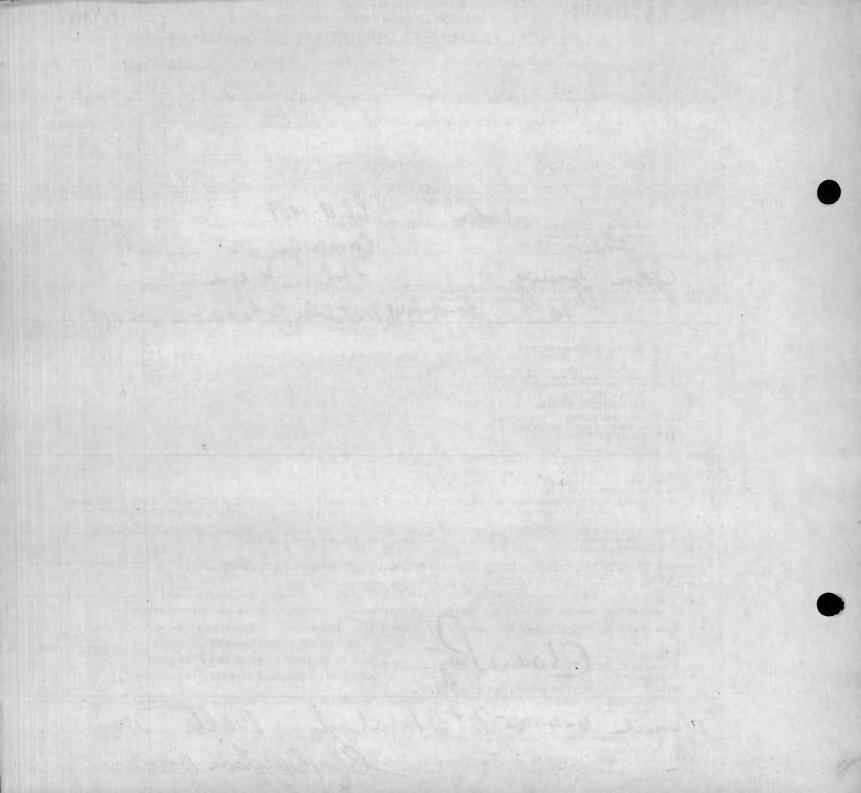
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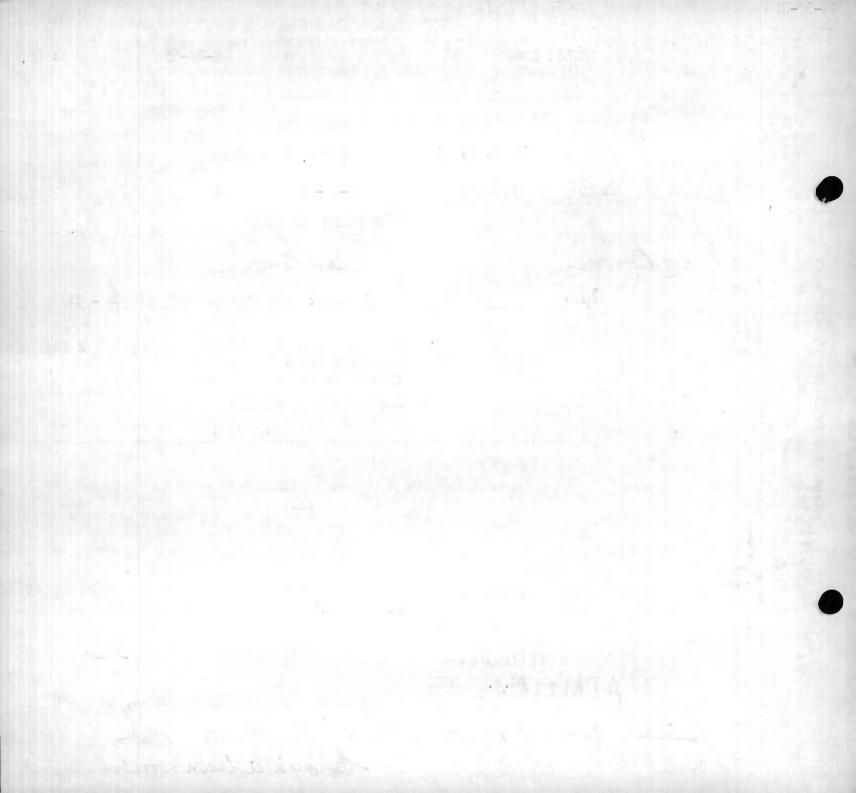
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VS 151-REV. 1/1/65

BIR	TH NO.	MEDI		AMINER'S C		TE OF DEATH Regis	65 111049 stered No
M.	E. CASE NO.						
	NAME OF DEC	CEASED				2. DATE AND HOUR PRONOUP	NCED DEAD
Пу	pe or Print)	RUSS	ELL	CORNIS	Н	September 30, 1	965 4:40 A
3. [LACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESID	ENCE (Where deceased lived, If i	nstitution: residence before odmission) OUNTY
HO	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO	VN (If autside corparate limits, w ltimore	write RURAL and give township)
1						RESS (If rurol, give location)	9.00
	Bon Se	ecour Hospita	.1			22 Penrose Avenue	
5. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	H 9. AGE (In year lost birthday)	Months, Doys, Hours, Min.
	Male	Negro	1.6	Am)	Feb 13-	1909 56	20,0
		JPATION (Give kind of worl	TOB. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
		working life, eyen if retired)			Cambre	else mel	WHAT COUNTRY?
13.1	FATHER'S NAM	Por Born	v+-		Itel	Alben Name	
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
116:	s, no or warknown	har	s of service	218-09-1449	matile	and and and	In mel 1
	18.	101	_	270	OF DEATH	2 yourson -	INTERVAL BETWEEN
	DISEA	SE OR CONDITION D	OF CTI V				ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECILI	(A) Arter	iosclerot	ic Cardiovascular	Disease.
	heart failure,	not meen the mode of , osthenio, etc. It meens mplication which coused	the disease,	DUE TO	000000000000000000000000000000000000000	•••••	
	A	ANTECENDENT CAUSE	S	(5)			
		OR CONDITIONS, IF A E ABOVE CAUSE (A) S'		DUE TO	0 0 0 0	01 11 11 11 11 10 0 11 11 11 11 11 11 11	
Z		NG CONDITION LAST.		(C)		**************************************	
9		11					
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T		21000000000000000000000000000000000000		
CERT	19A. DATE OF		DITION FOR	WHICH OPERATION	20A. AUTOPSY No	? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21 C. V	VHERE DID (If in Boltimore City, OCCUR?	, give exact location)
Z	21D TIME OF INJURY	(Month) (Doy) (Yeo		1E. INJURY OCCURRED		OW DID INJURY OCCUR?	
	(APPROX.)		m. \	VHILE AT NOT	VORK		
	22.	tify that I held on I	nquiry 🗌	Inspection X Au	topsy on	d that on this bosis, death in	n my opinion
	resul	ted from: Notural co	uses X	scident Suicld			nner
	ACTUA	Ω		11-		EDICAL EXAMINER	DATE SIGNED
	SIGNAT		aller)	1 celly M.D		EDICAL EXAMINER	9/30/65
	EXAMIN NAME (s S. Pe	tty, M.D.	ASSOCIATE M	EDICAL EXAMINER	7/30/03
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (C	City, town, or county) (Stote)
24	Busic	BY HEALTH DEPT.	196-S	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS





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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

3.30

tf Under 24 Hrs.

Hours

ADDRESS

INTERVAL BETWEEN

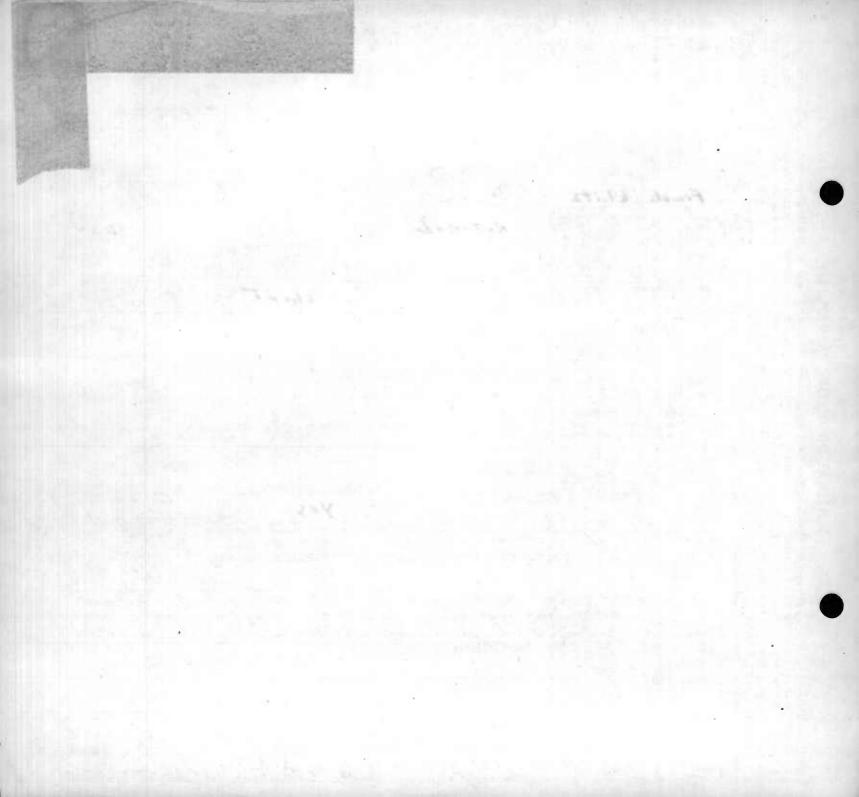
ONSET AND DEATH

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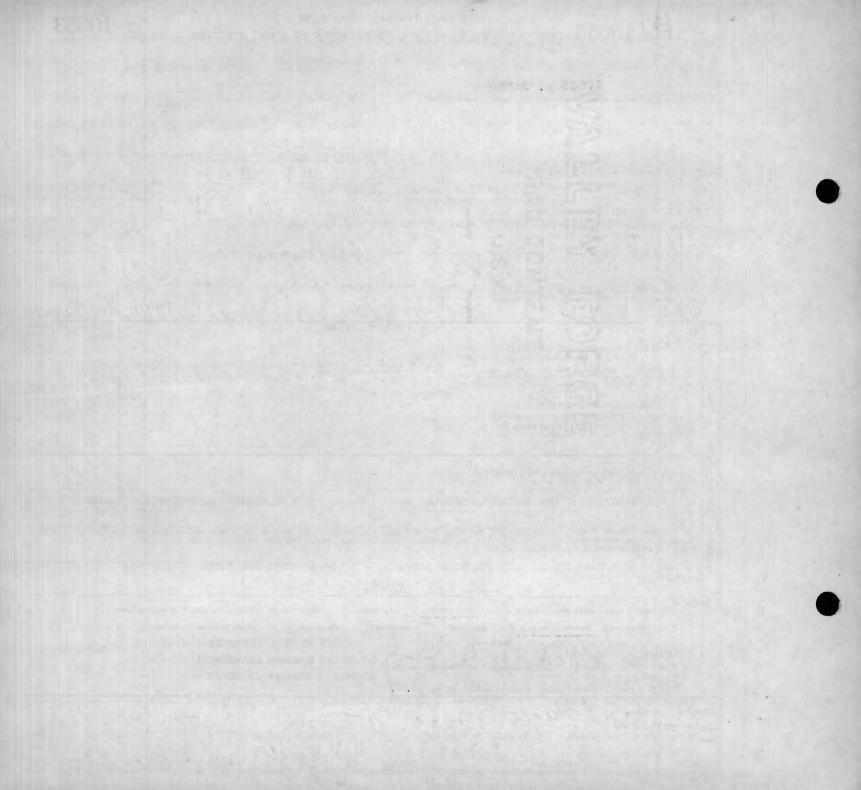
(Stote)

Letter from J.H.H. 10-8-65 M.H.

VS 150-REV, 1/1/65

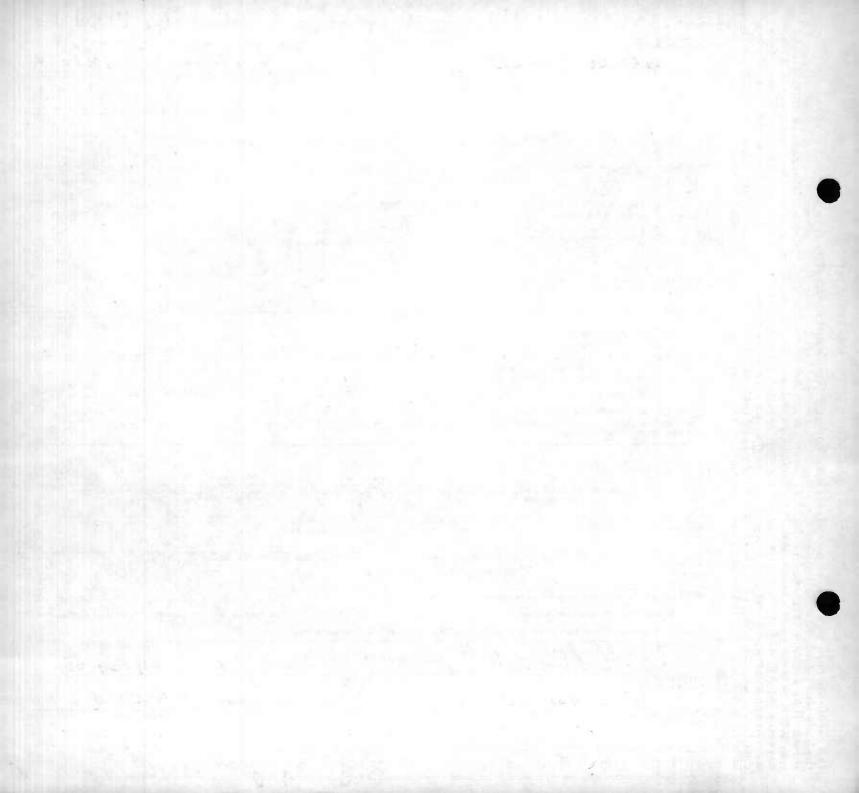


VS 151-REV. 1/1/65



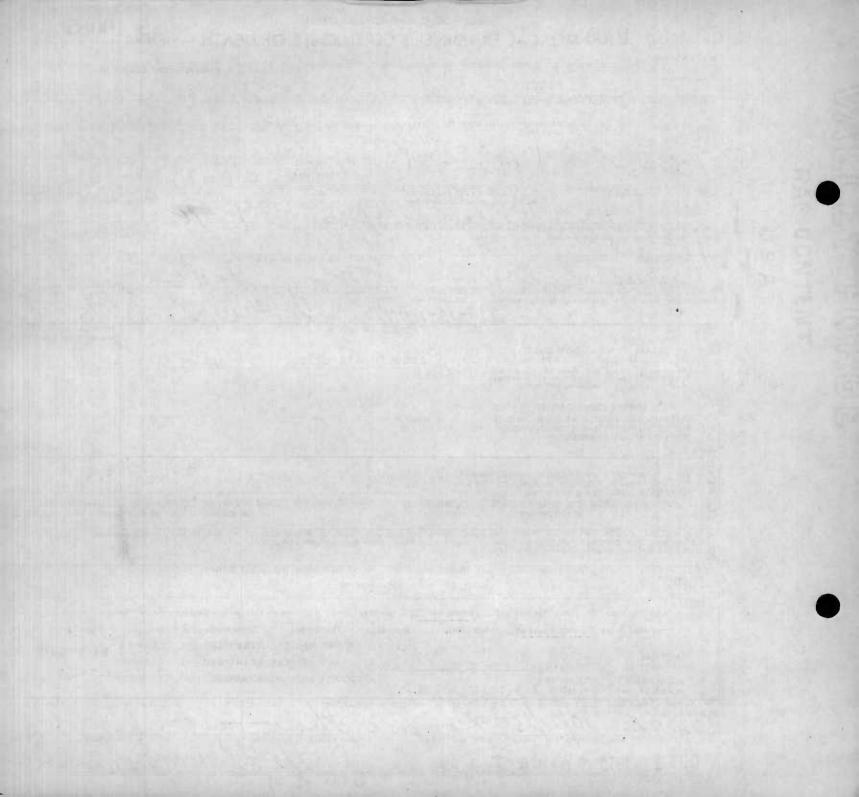
VS 150-REV. 1/1/65

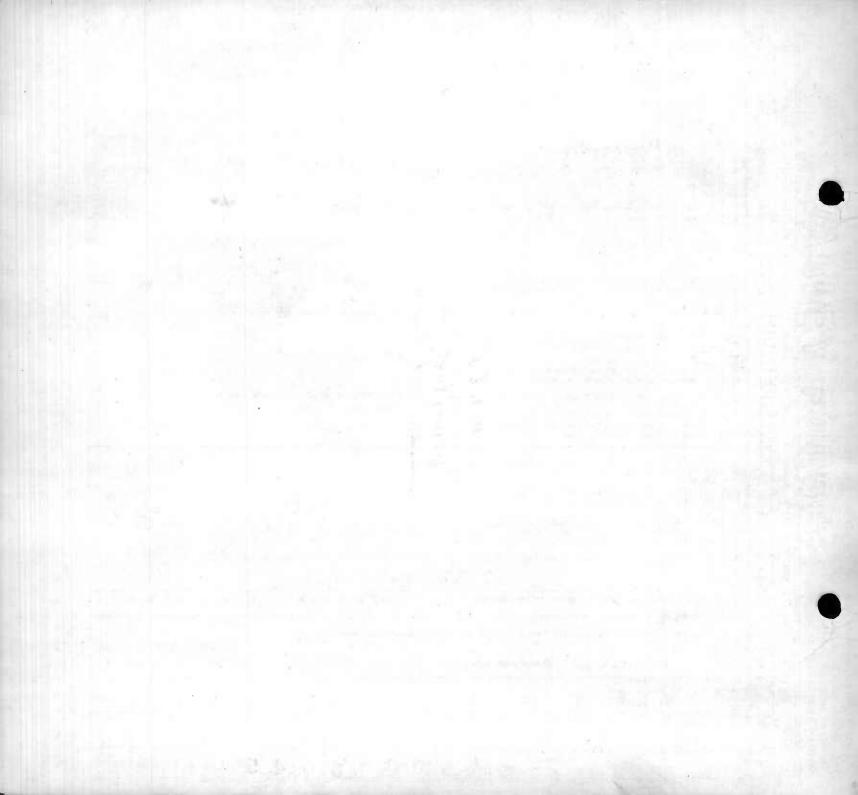
(2) 65 19054	BALTIMORE CIT	Y HEALTH DEPARTMENT	45.6	10054
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	10054
M.E. CASE NO. 1. NAME OF DECEASED				
			AND HOUR OF DEATH	
(Typo or Print) GEORGE E HERK 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2	9	1-29-65	10:30 F
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (7-29-65 There decoosed lived. If insti	tution: residence before odmi
		A. STATE 8. CO	TINITY	- m
FULL NAME OF (If not in hospital or instituti	ion, givo stroet	maryland		0 - 1)
HOSPITAL OR oddress or location)			outside city limits, write RU	RAL and give township)
A sure new		Baltimore	*	
4 - 0			(If rural, give location)	
1 Bon Secours H	OSPITEL	D. STREET ADDRESS	(ii forei, grve locollell)	
		1 4825 Will	iston Ave-	29
	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Il Under 24 Nonths: Doys Hours N
male White	WED, DIVORCED (specify)	6-21-80		Aonths Doys Hours N
	ridowed		85	
IOA USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (Stoto or	oroign country)	12, CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	2-21 (1) +		N. N. C.	111 COUNTRY
reured Win	DIA EXECUTIO	Germani		WIDE
16. FATHER'S NAME		14. MOTHER'S MAIDEN	AME	
John Herr		Make	2 01 000	
		Mary ELi	L. Christ	
5. Was Doceased Ever in U. S. Armed Forces? Yos, no or unknown) (If yes, give wor or dotes of servi-	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 1	ADDRESS
, , , , , , , , , , , , , , , , , , , ,	JECORIII NO.	Thomas	19/	2-0/1
		1 row 1 and	ma tade	V. 718 Charis
18, 4, 9 2 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEAT
LEADING TO DEATH	Ac	ute pulmor	201.	, do
(This does not mean the made of dying,	e.g. DIF TO	ue puimor	ary worm	y ady
heart failure, asthenia, etc. It means the dise			0	
injury at camplication which caused death.)	/2 F	- 1000 + ·	0 - 4 '	90-0
ANTECEDENT CAUSES	(8) 7720	rusecrove	caracovasa	Aln Jear
	DUE TO	dinesi		
DISEASES OR CONDITIONS, it any, giverise to the above cause (A) stating	the to	arterio scleson		
UNDERLYING CONDITION lost.	(C)	Conson	A3	***************************************
Z CTUSE SIGNISION OF CONTROL	THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO		4	1 of to	a dance
DISEASE OR CONDITION CAUSING IT.	THE Acute	urmary	retention	7 days
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos or	Nol 208. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED		Yes	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	DIR BLACE OF INLINEY!	/ / / / / / / / / / / / / / / / / / /	yes	
OR CONTRIBUTION CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,			ity, give exect location)
DEATH (notify modical examinar)	etc.)			
<u> </u>	21E INJURY OCCURRED	215 110111 517	ALILIAY A COLUM	
OF INTURY			NJURY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (I) (this hospital) attended		Sept. 20	19 6 (to SA	29 19
that (1) (we) last saw the deceased alive	on 3-1. 29	19 65	that in(my) (aur) apinio	n dooth accurred as the
(., ()				ceath accorreg an the
			h.	
and haur and from the causes stated above	e. (1) (We) (did) (did nat)	view the bady after deat		
and hour and from the causes stated above	e. (I) (We) (did) (did not)	view the bady after deat		B. DATE SIGNED
	00	lending Med.	2	
23A. SIGNATURE DO Livantu	^ ^	tending Med.		9-29-65
23A. SIGNATURE DO Livantu	Q Oa M.D. AH	tending Med.	2	
23A. SIGNATURE Definantia 23C. PHYSICIAN'S NAME (Type)	&, Ja. M.D. AH	tending Med.	2	
23C. PHYSICIAN'S NAME (Type)	Q Oa M.D. AH	tending Med.	2	
23A. SIGNATURE Contact 23C. PHYSICIAN'S NAME (Type) Contact LINANTUD 24A. BURIAL OPERATION, [248, DATE / 246]	d, Ja., M.D. AH	lending Med. Diroctor 23D. ADDRESS	Stoff Phys. X	9-29-65 pilal
23C. PHYSICIAN'S NAME (Type) LINANTUD	d, Ja., M.D. AH	lending Med. Diroctor 23D. ADDRESS	Stoff Phys. X	9-29-65 pilal
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL GEMATION, 24B. DATE 24A. BURIAL GEMATION, 24B. DATE 24C. DURIAL GEMATION, 24B. DATE 24C. DURIAL GEMATION, 24B. DATE 24C. DURIAL GEMATION, 24B. DATE	A, Jr. M.D. AHPHI LR. M.D. NAME OF CEMETERY OF CR	lending Med. Diroctor 23D. ADDRESS	Stoff Phys. X	9-29-65 pilal flown, or county) (Sto
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CHEMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B.NAM	A, Jr. M.D. AHPHI LR. M.D. NAME OF CEMETERY OF CR	lending Med. Diroctor 23D. ADDRESS	Cours How City,	9-29-65 pilal
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CHAMTUD 24A. BURIAL CHAMTION, 24B. DATE 24C. Specify 24C. DATE 24C. DATE 24C. DATE 24C. DATE	d, Ja., M.D. AH	Pending Med. Director	Cours How City,	9-29-65 pilal flown, or county) (Sto



RAITIMORE CITY HEALTH DEPA	DTAMENIT	

NAMEDICAL EYA MINIED'S C	
BIRTH NO.	CERTIFICATE OF DEATH Registered No.
M.E CASE NO.	
1. NAME OF DECEASED (Type or Print) TOCKNIA CONTR	2. DATE AND HOUR PRONOUNCED DEAD
JOSHUA GOVER	Sept. 29, 1965 2:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1000 0 1 11 - 11	Baltimore 3-3-7/
1322 . Norten x31.	D. STREET ADDRESS (If rurol, give location)
	1322 S. Charles St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys Hours Min.
male white white	Xaly 17,1889 76
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	RY VI. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MOTTE O	V
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cyrus Stever	Mary Trale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no granknown), (If yes, give war at dotes of service) SECURITY NO.	17.1NFORMANT ADDRESS
(Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO.	Mrs (e do Alan) Show the Mix
18. CAÚS	E OF DEATH INTERVAL BETWEEN
9-05-06-1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	iosclerotic cardiovascular disease.
(This does not mean the mode of dying e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	No
	in or about 21 C. WHERE DID (It in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-	office bidg, INJURY OCCUR?
DUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, etc.,	office bidg., INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) WHILE AT NOT	office bidg, INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22.	WHILE WORK
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. certify that I held an Inquiry Inspection X Au	while and that an this basis, death in my apinian
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22.	while and that an this basis, death in my apinian de Homicide Undetermined manner
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Accident Suici	while and that an this basis, death in my apinian de Homicide Undetermined manner Chief MEDICAL EXAMINER
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Accident Suici	while and that an this basis, death in my apinian de Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection X Accident Suici ACTUAL SIGNATURE EXAMINER'S Deals over Breed to an extension M.D.	white and that an this basis, death in my apinian de Homicide Undetermined manner CHIEF MEDICAL EXAMINER
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection X Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.	while and that an this basis, death in my apinian de Momicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 9-29-65
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection X Accident Suici ACTUAL SIGNATURE EXAMINER'S Deals over Breed to an extension of the processor.	while and that an this basis, death in my apinian de Momicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 9-29-65
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. certify that I held an Inquiry Inspection X Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) CULVEL DOWN (Hour) Provided Form, foctory, street, etc.) WHILE AT NOT AT	while and that an this basis, death in my apinian de Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER SASSOCIATE MEDICAL EXAMINER 9-29-65 or CREMATORY 23D. LOCATION (City, town, or county) (State)
UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT YOUR OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, REMOVAL (Specify) 23C. NAME of CEMETERY REMOVAL (Specify)	office bidg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE work and that an this basis, death in my apinian de
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. 23A., BURIAL CREMATION, 23B. DATE REMOVAL (Specify) DUTUAL STORM OF THE PROXIMATION (SPECIFY) 10 2 65 DATE 23C. NAME of CEMETERY ACTUAL 23C. NAME of CEMETERY 23C. NAME of CEMETERY 23C. NAME of CEMETERY 23C. NAME of CEMETERY	while and that an this basis, death in my apinian de Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER SASSOCIATE MEDICAL EXAMINER 9-29-65 or CREMATORY 23D. LOCATION (City, town, or county) (State)



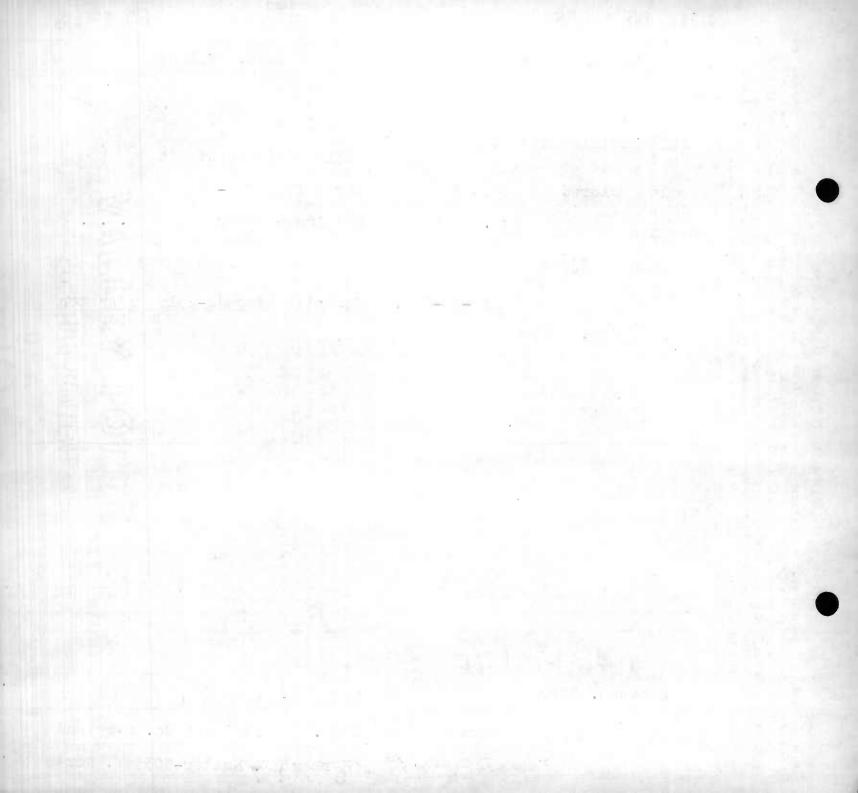


VS 150-REV. 1/1/65

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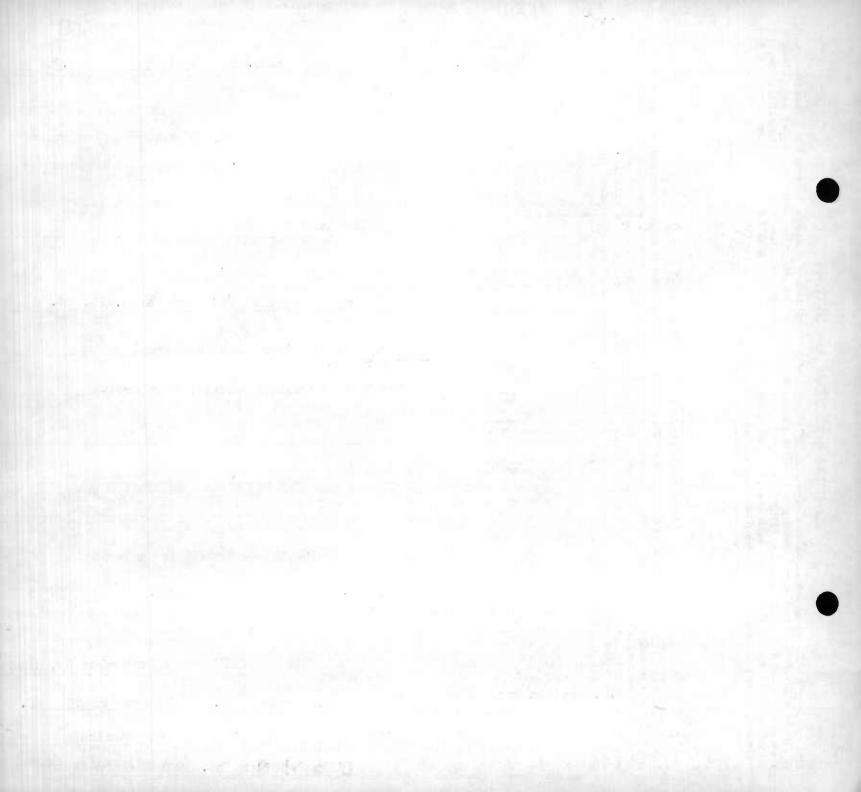
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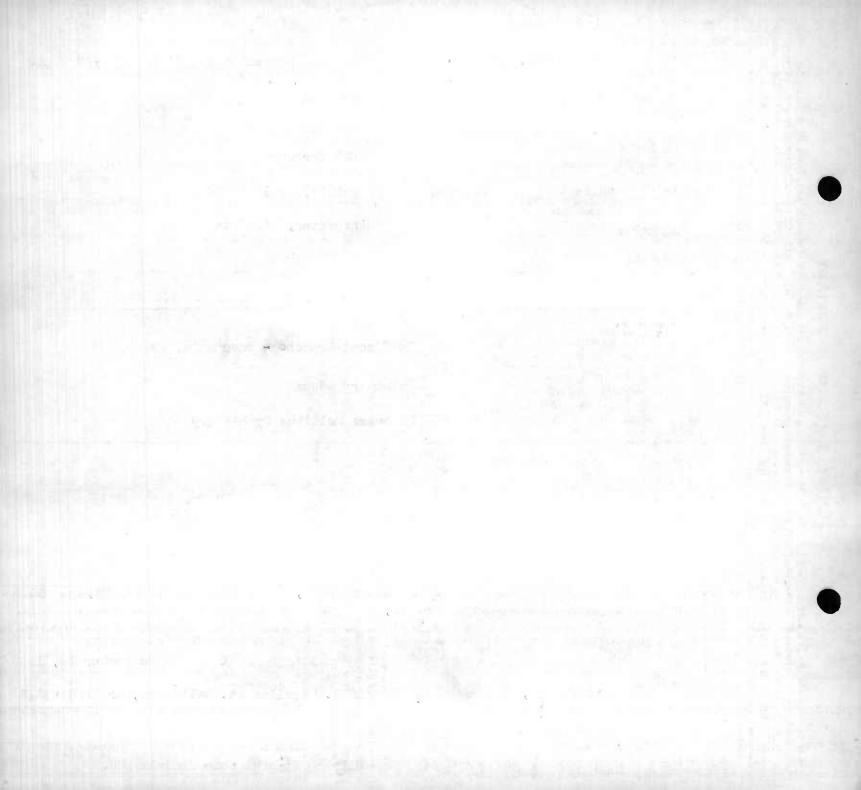
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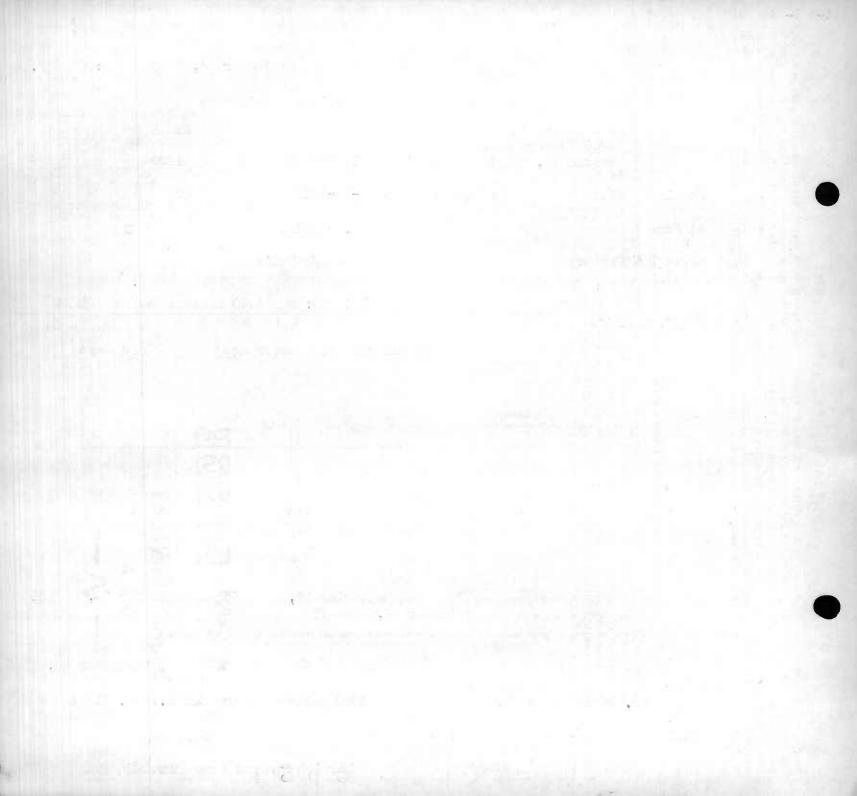
DIRECTOR:

FUNERAL

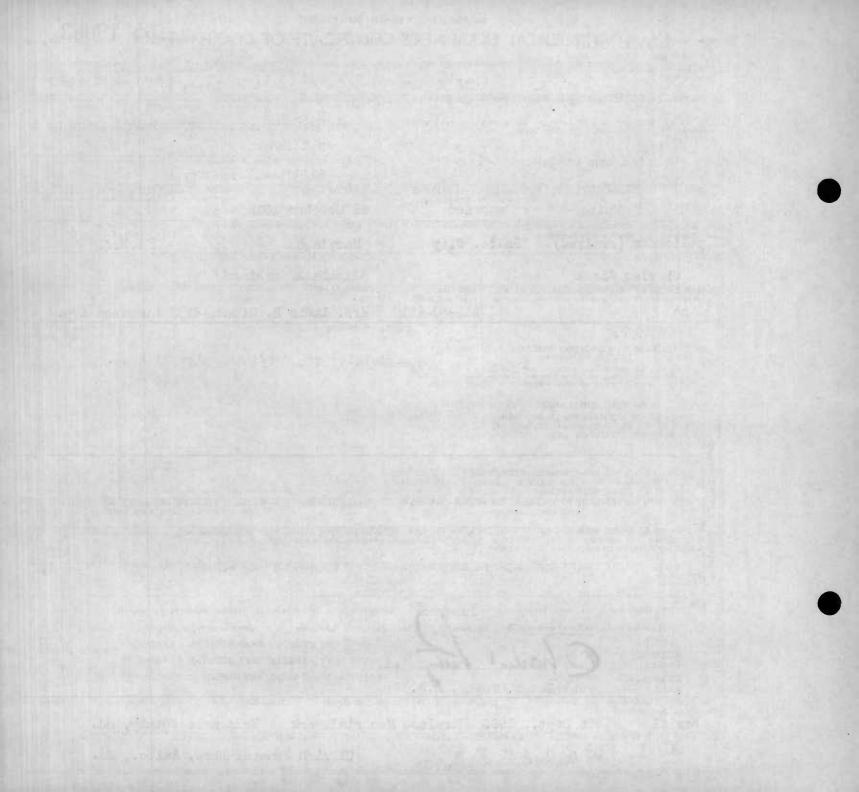


BIRTH NO.	65 10	061	CERTIFICA			Registered No	. 65 19061
M.E. CASE NO.		001	CERTIFICA	IE OF I		NO HOUR OF DEAT	
(Type or Print)	Maykran	tz, Ret	ha B.			ember 28, 1	
B. PLACE OF DEA	TH IN BALTIMORE, MAI			4. USUAL RE	SIDENCE (Whe	re deceased lived. If	institution: residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital a address or location		give street	Maryla c. city or	nd		e RURAL and give township)
	St. Josep	h Hospi	tal	D. STREET A		rural, give location)	88700
					orkway		
Female	White	WIDOWED	NEVER MARRIED by DIVORCED (specify) Married BUSINESS OR INDUSTRY	March 1	7, 1901	9. AGE (In years lost birthdoy) 64	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
tone during most of Homem	working life, even il retired)	IOB. KIND OF	BOSINESS OK INDOSIKI	Winches	ter, Vi	rginia	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAM David Let					e Kirby	ME	
	Ever in U. S. Armed Ford (If yes, give war or date:		1 6. SOCIAL SECURITY NO.	Chas.		entz, 2522	Address Yorkway 21222
DISEASES (rise to the UN DERLYIN COTHER SIGNI) TO THE D	al mean the made of asthenia, etc. Il means plication which caused ANTECEDENT CAUSES OR CONDITIONS, il a abave cause (A) CONDITION last.	the disease, death.) Dry, giving stating the ONTRIBUTING TED TO TH	ουε το (c) Diab e	onary ed	*******************	/ history	
O 21A. ACCIDE	OPERATION 198. CONI	DITION FOR V	VHICH OPERATION	-	PSY? (Yes or No	ON 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, larm, factory, street, of	or about 21 C.	WHERE DID		ore City, give exact location)
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED le At Not While At Work		HOW DID INJ	URY OCCUR?	Lind IT San Miles
that (I) (we)	last saw the decease I from the causes stat	d alive an		19.65	and th		ptember 28, 19 65
23A. SIGNATU	READPL	10	M.D. Atte	nding C	Med -	Stoff Tar	23 B. DATE SIGNED
23C. PHYSICIA NAME (T	lanu	als_		nding 23D. ADDRESS	Med. Director	Stoff Phy s.	September 28, 196
244 8418121 655	Govinda R	•					imore, Maryland 21213
REMOVAL (1. 1		AME OF CEMETERY OF CRE				(City, town, or county) (State)
Burial	10/1/65		dar Hill Cemet			ooklyn, Md.	
OCT 1	1965 Regulation of the second	5 29 F	A CONTRACTOR		h Finer	al Home Du	address ndalk, Md.





BIRTH NO. 65 1006 MEDI	CAL EXAMINER'S	CERTIFICATE OF DEATH Register 65. 10063
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) HERBER	T GLOCK	September 23, 1965 11:10 P
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Noonitol	Baltimore
Union Memorial	ноѕрісаі	D. STREET ADDRESS (If rurol, give lacation) 4711 Luerssen Avenue
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) married	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
to A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) policeman (retired)	Balto. City	USTRY 11. BIRTHPLACE (State or foreign country) Naryland U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Charles Glock		Elizabeth Rughimer
15. WAS DECEASED EVER IN U.S. ARMED (Yes, na arunknawn) (If yes, give war ar dote		17. INFORMANT ADDRESS
no	215-30-421	Mrs. India R. Glock, 4711 Luerssen Ave.
LEADING TO DEATH (This does not mean the made of heart foilure, asthenia, etc. It means injury or complication which caused of the control o	dying e.g., the disease, death,) S NY, GIVING ATING THE (C)	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
21A, EXTERNAL CAUSE WAS	218, PLACE OF INJURY hame, farm, foctory, str	NO IN CERTIFYING CAUSES OF DEATH? (e.g., in ar about 21C. WHERE DID (If in Boltimare City, give exact location) eet, affice bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) (Yeor (APPROX.) 22.	m. WHILE AT	NOT WHILE AT WORK
I certify that I held on In		Autopsy ond that on this basis, death in my opinion uicide Homicide Undetermined monner
ACTUAL SIGNATURE EXAMINER'S	arles / lang	CHIEF MEDICAL EXAMINER DATE SIGNED _M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9/24/65
NAME (Type) Charle	s S. Petty, M.D.	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEME	
	., 1965 Moreland	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	Ullrich Funeral Home, Balto., Md.
VS 151-REV, 1/1/65	9 4 5 0	8 6 5 2



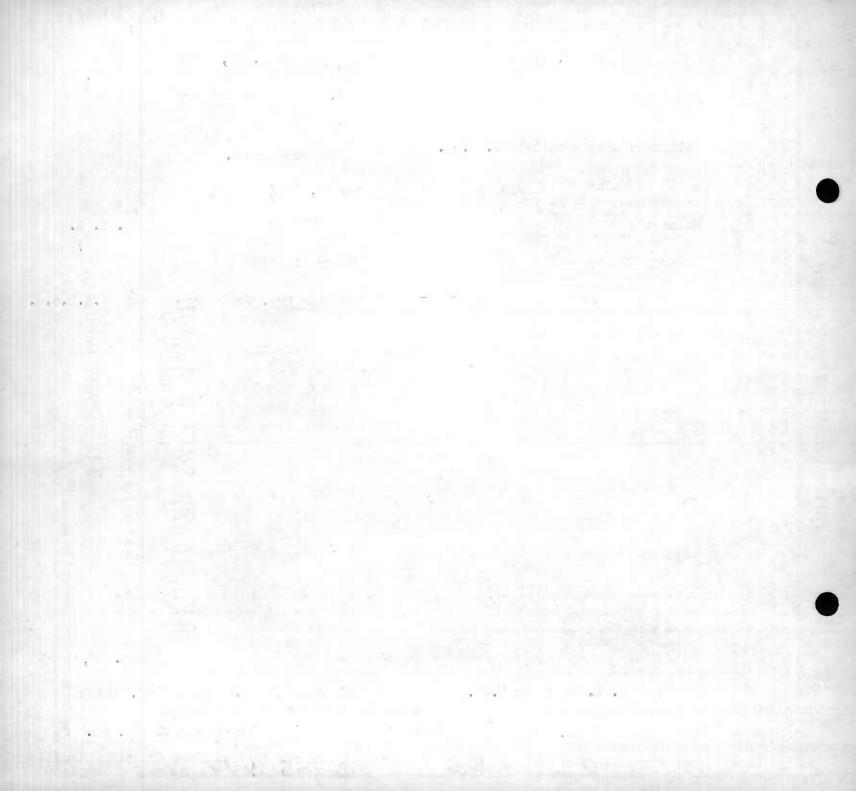
FUNERAL DIRECTOR:

4.63 .0 1.4.1

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/65



IMPORTAN DIRECTOR:

Deceased death

(2)

cause

LO

attendance

9

100 Was FUNERAL hospital 2 0 eceased o shows:

SD

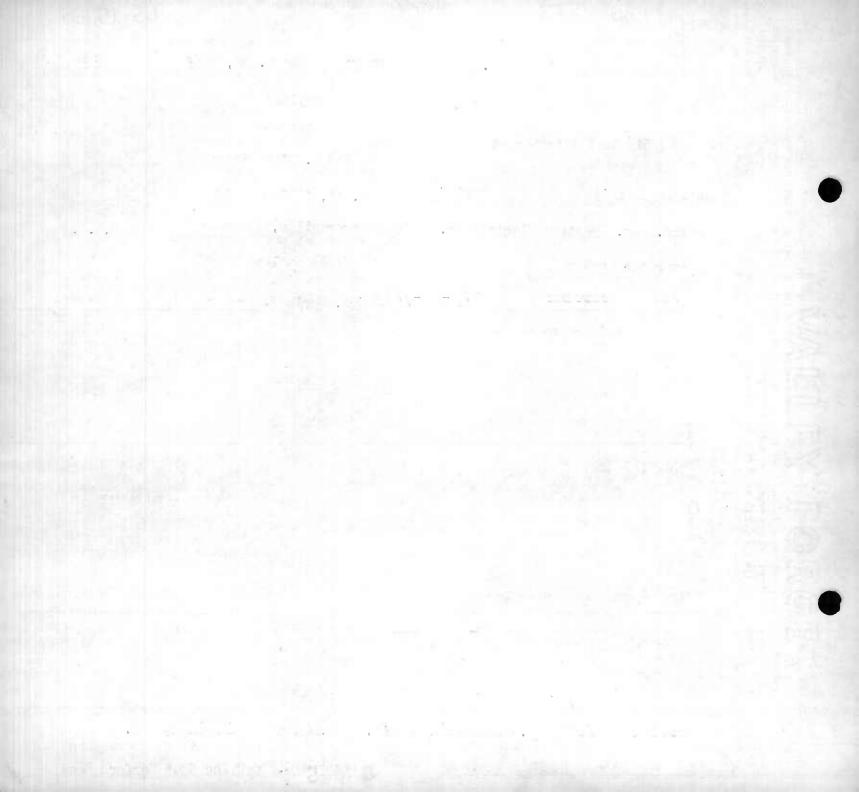
VS 150-REV. 1/1/65

e to - Surgical Complications (Surgery). adenoca of Rectiem - Information from a rey Hosp. - See Doc't file - Bur of ratilistics - american play - ge of

O COL	1	BALTIMORE CITY HEALTH DEPARTMENT	65 100cm
D=001	6	RTH NO. 65 10067 CERTIFICATE OF DEATH Reg	istered No. 65 10067
ase the	j 1.	NAME OF DECEASED /V	
- TO 00 C		VI IZONY OZICICA STUPP	0-65 7:25 M M. sed lived. It institution; residence before admission)
ig od o	5	A. STATE Md.	ed lived. If Institution: residence better dumission)
hose (5)	D	HOSPITAL OR address or lacation)	limits, write RURAL and give tawnship)
Se;	•	INSTITUTION	M_{-1}
in in a second	0	D. STREET ADDRESS (If rural, give	e lacation)
o c to	g .	4205 Ken 4	ood · Will # C
aring and a second	P 5.	WIDOWED, DIVORCED (specify)	(In years day) Manths Days Hours Min.
o o u u u u u u u u u u u u u u u u u u	E 10	MUNTICAL A USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count	ry) 12. CITIZEN OF
der in	0 0 de	Electrican Maryland	WHAT COUNTRY?
d de de	9 13 13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
T = 5 (4)	th spo	William Brickenstaff Flog. M	
Z	5 P	i, Was Deceased Ever in U. S. Armed Forces? 16. SOCIA 17. INFORMANT	ADDRESS
Sist the the de	final dispositio	ges 705-70-6403 Mrs. Lena L. Bl	ickenstaff (Same)
IMPORTA rr his assista Also, if the of any kin	or f	18. 422 1 1 260 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
MP his so, of o	0 G	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO (A) Respiratory A DUE TO	rrest 3
0 4 5 5		(This does not mean the mode of dying, e.g., heart lailure, ostherio, etc. It means the disease,	
R: ner. pro	mba	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. II means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES (B) Corebrat Artery This core giving	rombosis 3 who
T. Friend	0 0	ANTECEDENT CAUSES (B) DUE TO	SeveraL
REC excessor	are are	DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the	Years
7	ins	UNDERLYING CONDITION lost.	
- 0	Was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 20.
RAL med	ke remains	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabeles melo	
UNERA e chief n by a me) Body be the ph	the	I IN CO	F YES, WERE FINDINGS CONSIDERED RITERITY OF DEATH?
5 P P P P P P P P P P P P P P P P P P P	phy	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, lactory, street, affice bidg., INJURY OCCUR?	(If in Baltimare City, give exact lacation)
	do ph befor	OR CONTRIBUTING CAUSE OF hame, tarm, factory, street, affice bldg., INJURY OCCUR?	
by will	70	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OC	CUR?
		(APPROX.) While At Not While Wark At Work	
bro oxe	and btai	22. I certify that (1) (his hospital) attended the deceased fram 9-17 1965	10 9-30 19 65,
d o t d d d d d d d d d d d d d d d d d	h);	that (1) (we) last saw the deceased alive an 9-30 19 65 and that in (m	y (aur) apinion death accurred an the date
be sed	_	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	DATE SIGNED
ust dei dei	must must	23A. SIGNATURE Beek M.D. Attending Med. Stott. Phys. Phys.	23B, DATE SIGNED 9-30-65
E L	5 2		, 30 03
at at	d prior t	NAME (Type) Werner Beck M.D. 23D. ADDRESS Mercy	140spital
	0 0 2	AA. BUBIAL CREMATION 248 DATE 24C NAME OF CEMETERY OF CREMATORY 24D, LOCATIO	N (City, town, or county) (State)
Do. O	en en	(remation 10/4/65. Greenmount (rematory B	altimore Md.
This the b	deceased written a	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
F = 4.3 3 ·			k Inc. Balto. Md. 2121
	V	\$ 150-REV. 1/1/65 VIOLEND C, Valley A.	

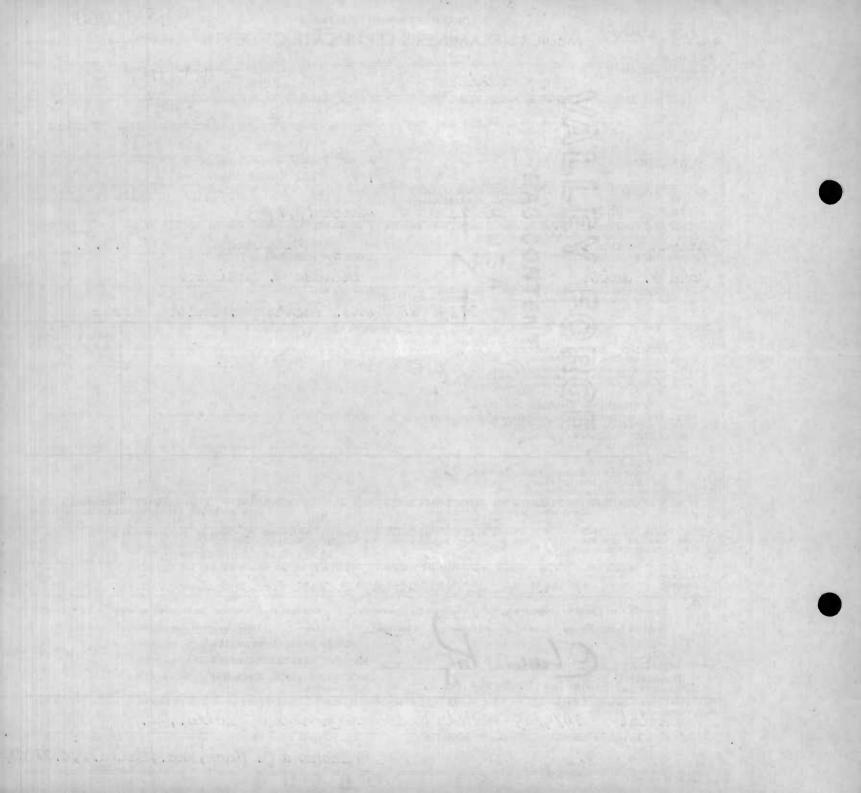
bell more that 4205 Kem wood Cus 7 1 william Brick Hotomoroll + 10 h. Maryon

	65 10068	3	BALTIMORE CITY	HEALTH DEPARTM		No 65 10068
BERTH NO. M.E. CASE NO.	,		CERTIFICA	TE OF DEA	TH Registered	No. 00 10000
I NAME OF D	ECEASED			2. 🗅	DATE AND HOUR OF DE	ATH
Type or Print)	Buddi	e K	Ar	cher S	ept. 30, 1965	7:00 A. If institution: residence before edmissio
				A. STATE B	B. COUNTY	A A 2
HOSPITAL OF	R eddress er locetio	or institution, n)	give street		(If eutside city limits, w	write RURAL and give tewnship)
7	516 East 35th	Street			more (If rurel, give locotier	۱)
. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	516 E. 3	Sth Street	If Under 1 Ve II Under 24 He
male.	white	WIDOWE	D, DIVORCED (specify)	ug 11 193	lost birthdey)	If Under 1 Yr. II Under 24 Hr Months Deys Heurs Min.
ene during most	CUPATION (Give kind of world of working lile, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
ASTOC.	Eng. Western	Electr	ic Co.	Rogersvill	Le, Tennesee	U.S.A.
	ence Archer	cos?	1 6. SOCIAL	Viola Hu	штей	ADDRESS
Yes, ne er unkner	wn) (If yes, give wer er dete	s of service)	SECURITY NO.			
18.	VIII VIII VIII VIII VIII VIII VIII VII	-	CAUSE O		J. Archer	Same
3	ASE OR CONDITION DIE	RECTLY				ONSET AND DEATH
(This dose	LEADING TO DEATH	dvino e a	(A) Acu	te myocar	dial infarc	tion 1 hour
heorf foilure	e, osthenio, etc. Il meons omplication which caused	the diseose,	DUETO			
Injuly of Co	ANTECEDENT CAUSES		(B) Acu	te bronch:	itis	l week
DISEASES	OR CONDITIONS, if		DUE TO			
rise lo l	the obove couse (A)			**************************************		
OTHER SIG	II NIFICANT CONDITIONS C	ONTRIBUTIN	G			
TO THE	DEATH BUT NOT RELA	TED TO TH	IĒ			
	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yo	es er Ne) 20B. IF YES, W IN CERTIFYING	TERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	BUTING CAUSE OF		PLACE OF INJURY (e.g., in ne, ferm, fectery, street, ef .)	er about 21 C. WHERE	DID (If in Bett	timore City, give exoct lecetien)
21D. TIME OF INJURY	(Month) (Dey) (Yeer)	(Heur) 21E	. INJURY OCCURRED	21 F. HOW [DID INJURY OCCUR?	
(APPROX)		WH	nile At Net Whife			
22. I certif	fy that (1) (this hospital) ottended t	he deceased from Sel	otember 28	1965 to Se	optember 30 1905
that (I)-fwe	e) lost sow the decease	d olive on	September 28	19 65	and that In(my) Lour)	opinion death occurred on the de
	nd from the couses stat					
23A. SIGNAT		00	0	2507 0.101		23B, DATE SIGNED
	desers	12	Atte Phys	nding Med.	Steff Phys.	Sept. 30, 1965
23C. PHYSIC NAME		Savlo		3D. ADDRESS		
4A. BURIAL CE		· ·	M.D.		nmount Aven	
REMOVAL	(Specily)	1 100	dowridge Men		24D. LOCATION Ly Elkridg	(City, lewn, or county) (Stote) 2e, Md.
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI	IRECTOR	ADDRESS
061]	1965 Rober	BE. 40	Dober H.M.	A Leonard J	Ruck Inc 53	305 Harford Road
S 150-REV. 1/1	1/65			-	4'	

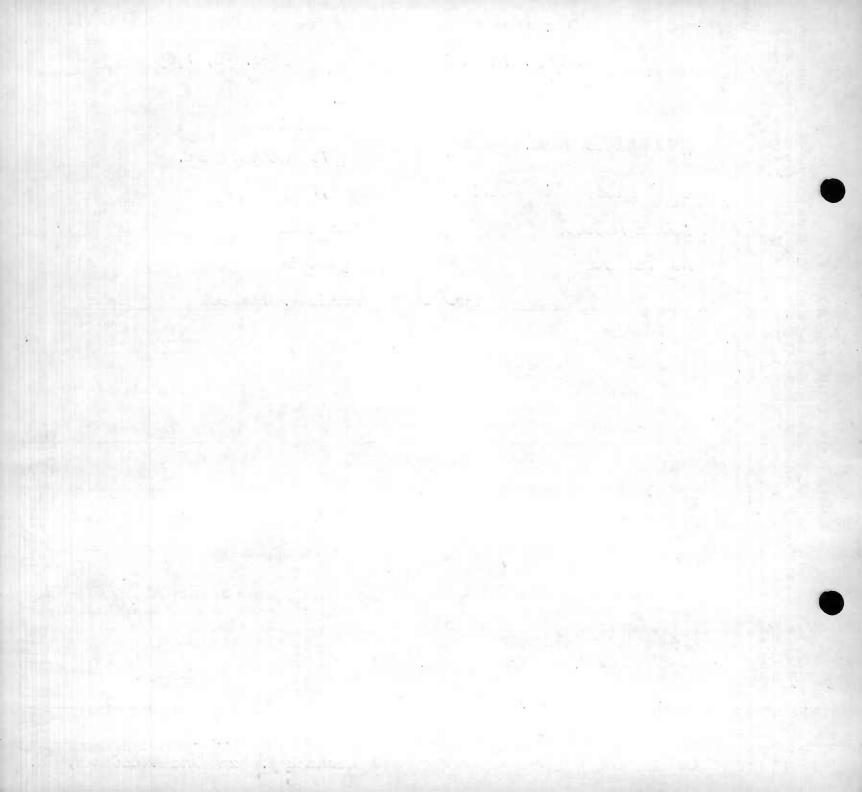


5-530

BIRTH NO.	MED	ICAL EX	CAMINER'S CI	ERTIFICA	TE OF DEATH Registe	ered No
M.E. CASE NO.				7-1-7-101		
1. NAME OF DI (Type or Print)	CHARL	ES Pat	rick SMIT	Н	September 30, 196	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived. If inst	titutian: residence befare odmission)
				Ma Ma	ryland	3011
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	WN (If autside carparate limits, write	e RURAL and give tawnship)
NSTITUTION				Baltimore D. STREET ADDRESS (If rure), give location)		
Union	Memorial Hosp	ital				
CHLOII	Hemorrar Hoop	2001			21 Rosalie Avenue	
5. SEX	6. RACE	7 AAAPPIED	NEVER MARRIED	B. DATE OF BIRT		If Under 1 Yr. If Under 24 Hrs.
			DIVORCED (specify)	10 1	9. AGE (In years lost birthday)	Manths Doys Hours Min.
Male	White	Si	ngle	March !	17,1933 32	
	CUPATION (Give kind of warl f working life, given if retired)	NOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	y Worker				Maryland	U.S.A.
3. FATHER'S NA				14. MOTHER'S A	MAIDEN NAME	
John V	. Smith			Thorn	sa M. Breitung	
	SED EVER IN U.S. ARMED	FORCES?	116. SOCIAL	17. INFORMANT	Julia Deering	ADDRESS
	(If yes, give war or date		SECURITY NO.		7 10 0 11	
			212309616	Mrs. 11	heresa M. Smith	Same
1B	2020		CAUSE	OF DEATH		INTERVAL BETWEEN
Dice	ACE OF CONDITION OF	DECEL V				ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	Tranco	otion of	Cninol Cord	
(This daes	not meen the mode of	dying, e.g.,	DUE TO	CLION OI	Spinal Cord.	
heart failur	re, asthenio, etc. It means omplication which coused	the discose, death.)				
	ANTECENDENT CAUSE		(R)			
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO			
UNDERLY	ING CONDITION LAST.	IA III O III L				
Z			(C)			
OTHER SIGN TO THE	li li					
OTHER SI	GNIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTI	NG			
	OR CONDITION CAUSING			***************************************		
ш , ,,,	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes ar Na) 20B. IF YES, WERE FI	
0 0	WAS PER	FORMED		No	IN CERTIFYING CAU	SES OF DEATH?
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,			ve exoct location)
	MOR CONTRIB-	hame etc.)	, form, factory, street, o		WHERE DID (If in Baltimare City, gi	37
¥			Home	312		2/-03
21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Haur) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPROX.)	9 27 16	5 A	WHILE AT NOT W	WHILE X Fa	11 from 2nd floor v	window.
22.	, ,,		WORK AT W	OKK		
	ertify that I held an I	nquiry	Inspection X Aut	apsy 🗌 an	d that an this basis, death in n	ny apinian
resi	ulted fram: Natural ca	uses	Accident Suicide	Homic	ide Undetermined manne	er X
	- (,	77			
ACTU	AL ()	4	1		AEDICAL EXAMINER	DATE SIGNED
SIGNA		aller	I'cely M.D.	ASSISTANT M	AEDICAL EXAMINER	9/30/65
	MEDIC	C Det	4 (N)	ASSOCIATE A	MEDICAL EXAMINER	9/30/03
	(Type) Charles	S. Pet	ty, 4.D.			
ZA. BURIAL CR		23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
REMOVALISPEC	ial 10/4	165	Holy Redee	men Com	etery Balto., A	nd.
					- U	
4A. DATE REC'I	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		RAL DIRECTOR	ADDRESS
OCT 1	1065 0	0 ~	4	Leon	ard J. Ruck, Inc.	,Balto., Md. 212
0011	1300 (130 B	IE TA	9, 1		0	
VS 151-REV. 1/1	1/65 N 9 3	1876	575	9 8 0	5 0	



FUNERAL DIRECTOR:



FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	Y HEALTH DEPARTMEN	T	C5 100m4
BIRTH NO. 65 10071	CERTIFICA	TE OF DEAT	H Registered Na.	09 10071
M.E. CASE NO. 1. NAME OF DECEASED C.		2. DAT	E AND HOUR OF DEATH	40
(Type or Print) LENORE GOT	EBEL	9	129/65	170p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE	Where deceased lived, If is	nstitution: residence before admission
		A. STATE B. C	TB	C = 1
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	, give street	1 ' ' '	If outside city limits, write	BURAL and size towards
INSTITUTION		D 3	MORE	21211
		D. STREET ADDRESS	(If rural, give location)	01219
	IMORE INC		ARTER	AUE. AL
5. SEX 6. RACE 7. MARRIE	D. NEVER MARRIED ED. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	Married	7/10/04	61	
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF
done during most of working life, even il retired)	wn Home	Borne	CODE NID	WHAT COUNTRY?
40USEWIFE U	MII TIOME	14. MOTHER'S MAIDEN	DRE1111	1113.71
13. PATHER'S NAME		14. MOTHERS MAIDEN	NAME / We	ber
WILLIAM HILL	BERT	BESS	SIF KOKOK	Exchalas Social States
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)		6-0005	K. GOEB	El (Sama)
100	214-22-5404	GEORGE	K. OOEB	(-03.0)
18. 18 KO 1	CAUSE	OF DEATH	OMATOSIS	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1			
LEADING TO DEATH	(A) DO	WEL OBS	TRUCTION	21105
(This does not mean the mode of dying, e.g. heart foilure, asthenia, etc. It means the diseas		Fire Tools	- 61 TH	
injury or complication which caused death.)	NOIU	FUNCTIONIN	10 CV	213 1100
ANTECEDENT CAUSES	(B) /T /	DRONEPH	KOTICE)	Life - Jan Jan Sin
DISEASES OR CONDITIONS, if ony, givin	9			-61
rise to the obove cause (A) stoting th	e (C) 13L	ADDER CA	RCINOMA	27 ys.
UNDERLYING CONDITION last.				0
- II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	N G			
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED INTRA ARTE	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE	FINDINGS CONSIDERED
2 8/10/65 INTRAARTE	RIAL CHEMOTHE	RAPY YE)	NO
U 21 A. ACCIDENT WAS UNDERLYING 121	B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE D	D (If in Boltimon	e City, give exact location)
▼ DEATH (notify medical examiner)	c.)	ince bidgi, intoki occo	* 1/ - / /	
21D. TIME (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	1 21E HOW DIE	INJURY OCCUP!	
S OT MISSEL	Vhile At Not Whi	////	7117111/6)
	Vork At Work		1000	2/
22. I certify that the (this haspital) attended	the deceased fram	8/2	19 65 ta	9/29 19 65
that 1 (we) last saw the deceased alive an	9/29	19 65 00	d that in (mak (aux) an	inian death accurred an the de
	SVD	Velil Bally		mun death accorred an the de
and haur and from the causes stated abave.	(I) (We) (did)=(did=ndt)=	view the body ofter de	oth.	
23A. SIGNATURE				23B. DATE SIGNED
4. Wemstock	M.D. Att	ending Med. Director	Stoff Phys.	917916
23C.PHYSICIAN'S		23D. ADDRESS		44
J. Weinstock	. M.D.		Sinai Hospital	
REMOVAL (Specify)	NAME of CEMETERY of CR	EMATORY 24	D. LOCATION (C	ity, town, or county) (State)
BURIAL 10/2/65. P	arkwood Cemete	ry	Baltimore	. Md.
25A. DATE RECID BY HEALTH DEPT. 25B. MAME	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
001 I 1303 (Poles &	tableytan	Leonard J.	Ruck Inc. Bal	to. Md. 21214
VS 150-REV. 1/1/65	0 0 11 11	118,000	<u> </u>	
THE THE TREE TO THE TREE TO SEE				

BOW A DETROIT PORT DUT TO MILLED TO DEAL FOR THE Contraction of the second Section of the section of the

BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

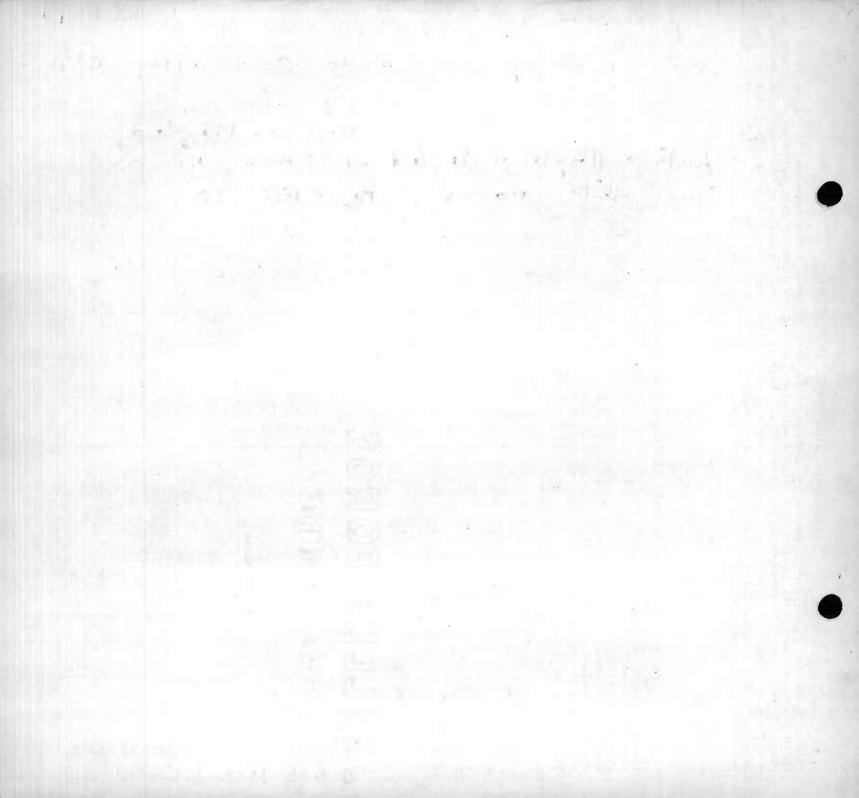
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

WHAT COUNTRY?

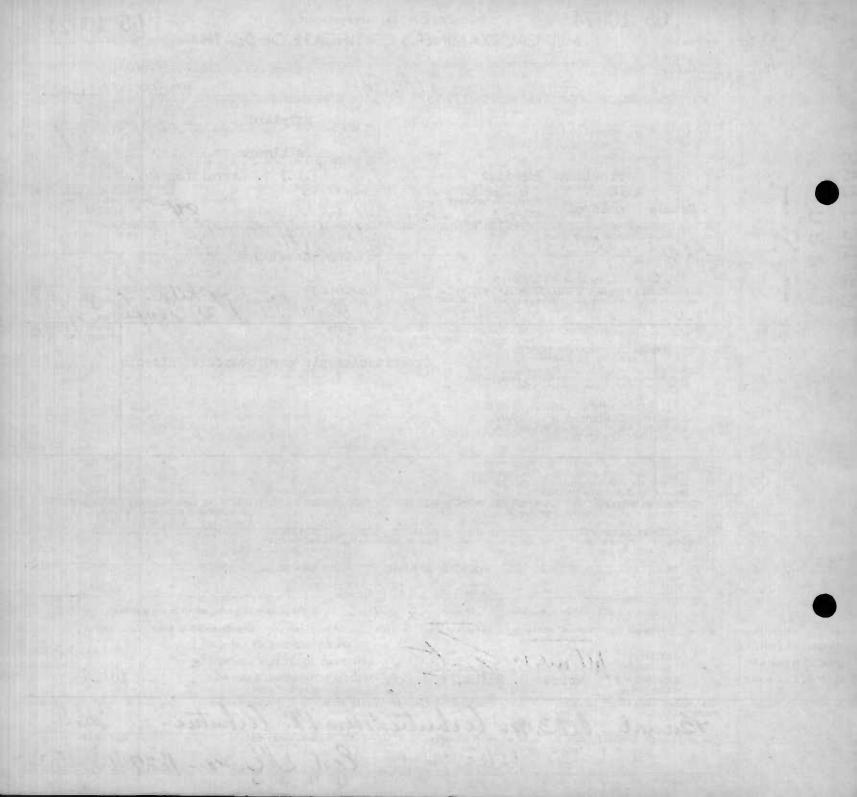
INTERVAL BETWEEN

ONSET AND DEATH

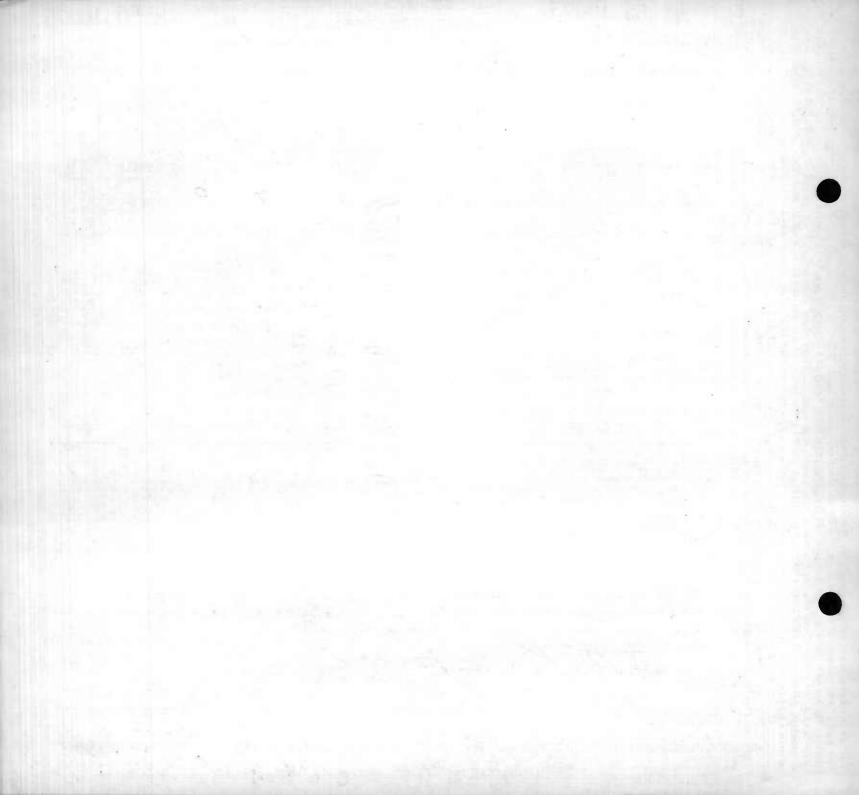


BALTIMORE CITY HEALTH DEPARTMENT

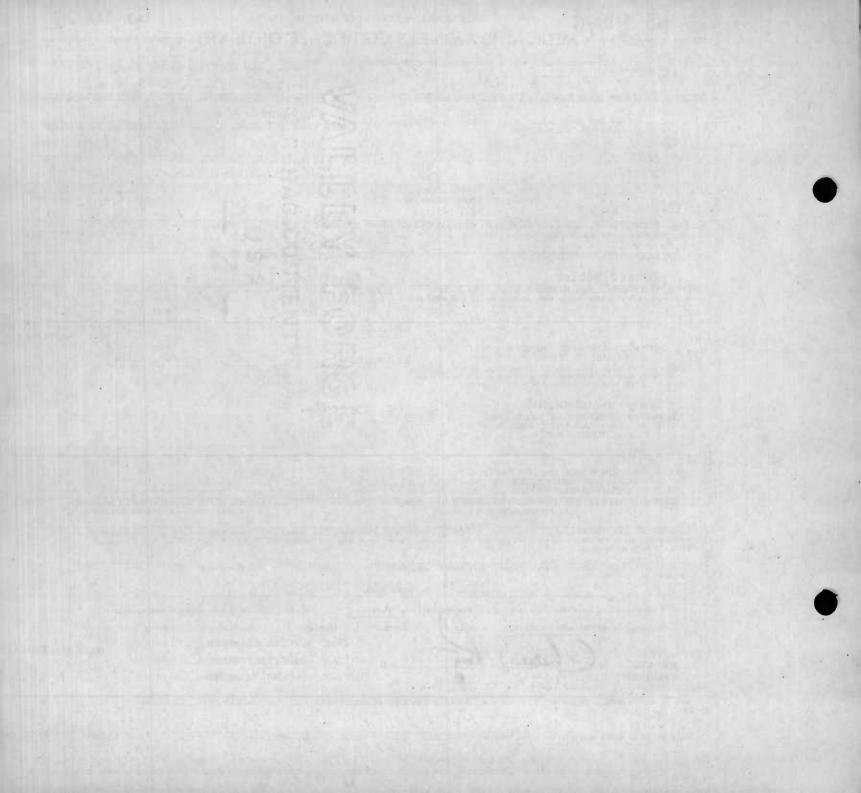
5.346	65 10074 BALTIMORE CITY HEALTH DEPARTMENT 65 10074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO.
5.346	1. NAME OF DECEASED (Type or Print) ESTELLE SADDLER Sadder) 2. DATE AND HOUR PRONOUNCED DEAD 9/30/65 11:00 p.m. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, it institution; residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN Til outside corporate limits, write RURAL and give township) Baltimore
3	Provident Hospital D. STREET ADDRESS (If rurol, give location) 1107 N. Carrollton Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
	female colored WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. PRTHPLACE (Stote of foreign country) 12. CITIZEN OF
	done during most of working life, even if retired) Henchall 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dotes of service) 16. SOCIAL SECURITY NO. Ruth White - 1629 Chamkloct are
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heart failure, astherio, etc. It means the disease, injury ar camplication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Arteriosclerotic cardiovascular disease (B) DUE TO (B) DUE TO (C)
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LD CATION (City, town, or county) (Stote) **REMOVAL (Specify)



0	00 100/0	IT HEALTH DEPARTMENT	65 10005
-	RTH NO. LE CASE NO.	ATE OF DEATH Registered No.	00 111173
1.	NAME OF DECEASED ype or Print)	2. DATE AND HOUR OF DEATH	-15
	PLACE OF DEATH IN BALTIMORE, MARYLAND LES	4. USUAL RESIDENCE (Where deceosed lived, If insti	tution: residence before admission)
	FULL NAME OF (II not in hospital or institution, give street oddiess or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
	university Hosp	D. STREET ADDRESS (If rurol, give location)	2/202
j.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Store or Ibreign country)	12. CITIZEN OF WHAT COUNTRY?
_	LABORER	MARYCAND	USA
13	DANIEL Hughes	Lucy Hobbs	3.
5 Y	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	Compron Cow wiss	ADDRESS 1523 VIRES
9		OF DEATH YOCARDIAL INSANCTION	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	WOOTEDING TO	1 DAY
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		
	injury at complication which coused death.)	SCVD	
	ANTECEDENT CAUSES DUE TO		
	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the (C)		,
	UNDERLYING CONDITION last.		,
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CHRONI	e RENAL BASEDSE	110 84m
CEPTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes o No) 208. IF YES, WERE FIN	IDINGS CONSIDERED
V	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	City, give exoct locofion)
AAEDIC	21D. TIME (Month) (Dayl (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
AA	(APPROX.) While At Work At Wo	ork 🔲	/
	22. I certify that (1) (this hospital) attended the deceased from		, .
	that (I) (we) last sow the deceased alive on	19.6.5 ond that in (my) (our) opinion	on death occurred on the do
	ond hour and from the couses stated obave. (1) (We) (did) (did not 23A. SIGNATURE)		3B. DATE SIGNED
	1-3 0 / 1 B M.D.	Attending Med. Staff Phys. Director Phys.	10ct65
	23C. PHYSICIAN'S	23D. ADDRESS	100100
	Bernard SKARpers 18	· UNIV. HOSP	
24	AA. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF		town, or county) (State)
	Bund jut kit fourts 1.	Miral Porto In-	11-
2:	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1965 Poly & Farbusha	25C. FUNERAL DIRECTOR	ADDRESS (LEIGHT)
/ 0	5 150-REV. 1/1/65	O S Charles to Hand	2008 VI July
	3 130-NLT1 1/1/03		

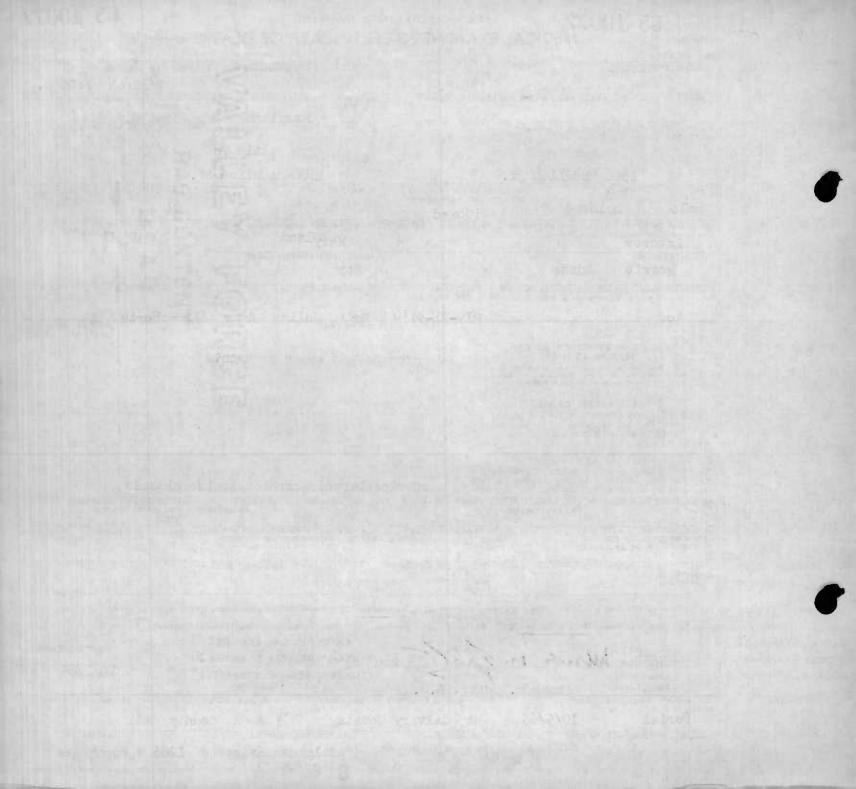


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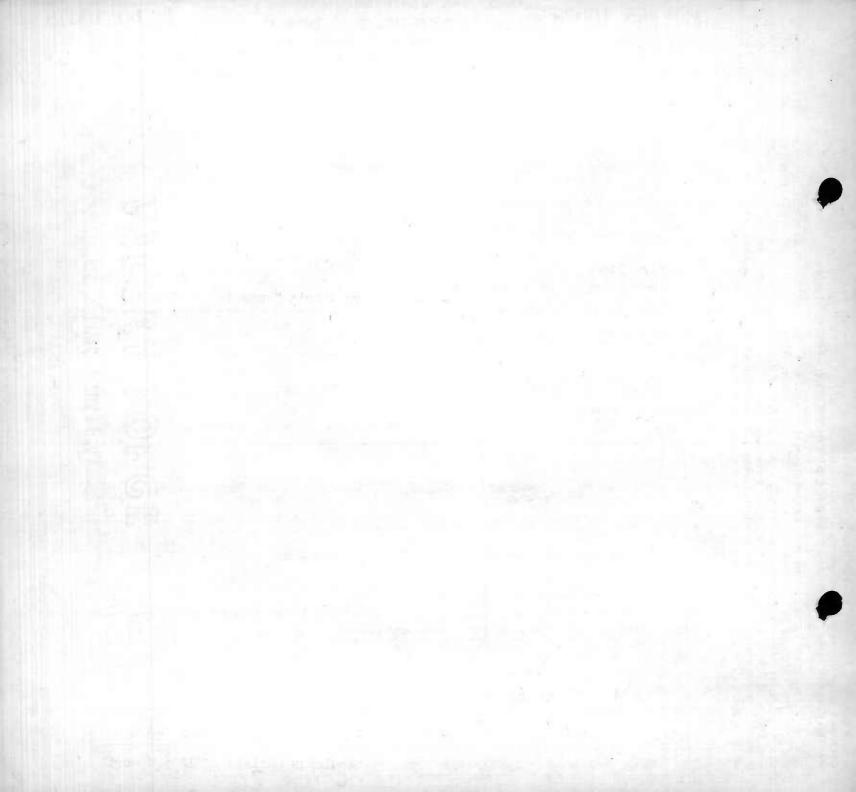


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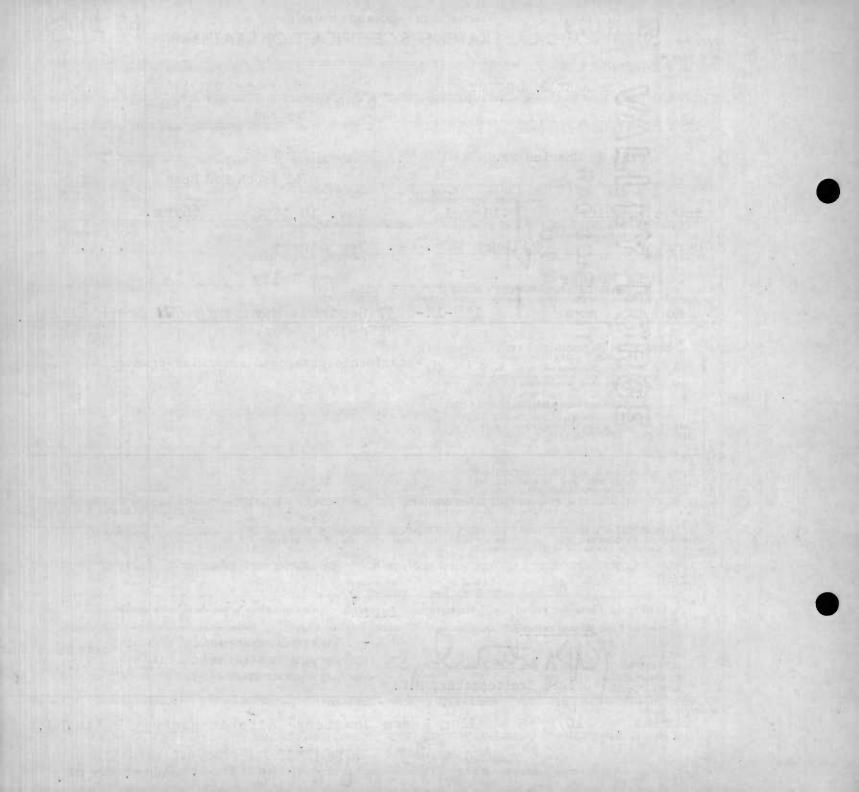
	65	10077		BALTIMORE CITY HEAL	TH DEPARTMENT		65 1007
BIR	rh no.	MED	ICAL EX	XAMINER'S CE	ERTIFICATE O	OF DEATH Registe	red Na.
M.	E CASE NO.						
	NAME OF DEC	CEASED			2. DA	TE AND HOUR PRONOUNC	ED DEAD
(iy	pe or rithin	PER	RY	ADAMS			9/30/65 7:00 p.A
3. 1	LACE IN BALT	TIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If inst	itution: residence belore odmissio
					Marv	2 1)N 11
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		outside corporate limits, write	RURAL and give township
INS	ΠτυτιοΝ				n	7+imama (11-04
0					D. STREET ADDRESS (altimore /	
		1300 McCullo	h St.			cCulloh St.	*
5. 5	EY	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
				DIVORCED (specify)	D. DATE OF SIATI	lost birthdoy 81	Months Doys Hours Min
	male	colored		Widowed			
		UPATION (Give kind of work working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF
	Labor	er			Maryland		USA
13.	FATHER'S NAM		.1		14. MOTHER'S MAIDEN	NAME	
	Morr	is Adams			May		
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
(Yes	s, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.			
	No			219-01-9159	Mr P Julius	s Aflams 261 Ro	berts St
	18.	1 X 1		ĆÁUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY				
		LEADING TO DEATH		(A) Bronch	no and lobar	pneumonia	
	heort loilure,	not mean the mode of , asthenia, etc. It means	the diseose,	DUE TO			
	injury or co	mplication which coused	deoth.)				
		ANTECENDENT CAUSI	S				CAMPING THE PARTY
		OR CONDITIONS, IF A		DUE TO		/	· · · · · · · · · · · · · · · · · · ·
	UN DERLYI	IE ABOVE CAUSE (A) S	TATING THE				
Z				(C)			
은		II					
₹		NIFICANT CONDITIONS		T118		A CONTRACTOR	
正		R CONDITION CAUSING		-Arterios	sclerotic car	diovascular dis	sease.
ERTIFICATION	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FI	
O	2	WAS PER	FORMED		yes	IN CERTIFYING CAU	
₹	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore City, gi	ve exoct location)
음		OR CONTRIB-	etc.)	e, form, foctory, street, o	ince bidg., INJURT OCC	UK?	
MEDIC	DI D. TIME	(14 (1) (5) (7	\ (11	21E. INJURY OCCURRED	215 HOW D	D INJURY OCCUR?	
	OF INJURY	(Month) (Doy) (Yeo				D HAJORI OCCOR:	
	(APPROX.)		m.	WHILE AT NOT W	ORK		
	22.	att. about bold on 1	nguiry 🗌	Inspection Aut	apsy 🕱 and that	an this basis, death in r	ny enlaien
	resu	Ited fram: Natural ca	uses X	Accident Suicide			er
				1-1-		AL EXAMINER	DATE SIGNED
	SIGNAT		W. 5	M.D.	ASSISTANT MEDIC	AL EXAMINER X	
	EXAMIN				ASSOCIATE MEDIC		10/1/65
	NAME (r U. Sp	oitz, M.D.			
	BURIAL CRE		2:	3C. NAME of CEMETERY o	r CREMATORY	23 D. LOCATION (City	, town, or county) (Stote)
KE/	Burial	10/5/	165	Mt Calvary C	emetry	A A County	Md
24		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIE		ADDRESS
241	OATE KEED	DCT 4 1965	00	Br E. Farbertin			6 W North Ave
		And 2 1909	1100cm	N The state of the	MOTPHUS	nalsteau 120	O " "OI OII AVE



	65 10078	BALTIMORE CIT	Y HEALTH DEPARTMENT	£'	65 10000
	00 100/0	CERTIFICA	ATE OF DEATH	Registered No.	OU THEFTO
A.E. CASE NO.	CASED	N	2. DATE_A	ND HOUR OF DEATH	
Type or Print)	160085.	MALO	29	SEDI 19	651 20
PLACE OF DE	ATH IN BALTIMORE MARY	LAND	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution; residence before admis
			A. STATE B. COU	NTY	1911
FULL NAME O	OF (If not in hospitot or oddress or location)	institution, give street	1301RULM	0	1601
INSTITUTION	or reconour	Victoria A Committee	C. CITY OR TOWN (If or	tside city limits, write	RURAL ond give township)
0 (1~	a him on the	14	100	ORE	
0 000	HUERSHI	Hosp	D. STREET ADDRESS	rurol, give location)	
	Y		1 424 10	· SIRICKE	R SI
. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M
M	C	Separatewd	19/2/29	fost birthdoyl	Monmis Doys Hours M
A. USUAL OCC	UPATION (Give kind of work 10	B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	112. CITIZEN OF
one during most of	working lite, even if retired)	Luc 1 1	500		WHAT COUNTRY?
aletros		which I avai	arole	na	USA
FATHER'S NA	ME	**	14. MOTHER'S MAIDEN NA	ME	
7/ 3.3	d	- & A	Monio		
Kelly	Jones 4 Ever in U. S. Armed Force:	s? 16. SOCIAL	Mazie		ADDRESS
es, no or unknow	n) (If yes, give wor or dotes	of service) SECURITY NO.		200 N W. 7	
	mo	216-28-1343	Mrs Gloria on	es 123 N mil	ton St
18.70	4.31	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIREC	CTLY	A		ONSET AND DEATH
	LEADING TO DEATH	(A) CA	RDIAC SHO	ek.	13498
	not mean the made of d				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	, asthema, etc. II means th mplication which coused d			-	
	ANTECEDENT CAUSES	(B) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OARDIALTI	BRUELESIO	siy 6 months
DICEACES		DUE TO			
	OR CONDITIONS, if an above cause (A) s		OSITIS CAU	SE.	2 VBARS
	G CONDITION lost.			***************************************	
	11			-	
	IFICANT CONDITIONS CO				
I IO INE L	DEATH BUT NOT RELATE CONDITION CAUSING IT.	D TO THE			
19A. DATE O		TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE	FINDINGS CONSIDERED
	WAS PERFO	KMED		IN CERTIFYING CA	USES OF DEATH!
21A. ACCIDE	INT WAS UNDERLYING UTING CAUSE OF	218. PLACE OF INJURY le.g.,	in or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (notif	y medical examined	home, form, foctory, stiect,	office bidg., fNJURY OCCUR?		
21D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCUM	
OF INJURY	(Iviolilli) (Doy) (Teon	While At Not Wh		JORT OCCUR!	
(APPROX.)		Work At Work			es.*
22. I certify	that (1) (this haspital)	attended the deceased from	: pm	19 65 to	3 pm 19 1.
) lost sow the deceased	20		hat in(my) (1
					nion deoth occurred on the
		d above. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNAT	URE	. 1/1 0		/	23B, DATE SIGNED
Y	LORD HOLL	M.D. At	ttending Med. Director	Stoff Phys.	30(2px 65
23C. PHYSICIA	AN'S		23D. ADDRESS		
NAME (M B A Oldsto	one M.D			
REMOVAL	(Specify)	24C. NAME of CEMETERY or CI	REMATORY 24D. I		ity, town, or county) (St
Burial	10/4/65	Mt Calvary Ce	emetry A	A County	Md
		SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	OCT 4 1965 (2. O. o. t. E. Janken M.A.			W North A'e
S 150-REV. 1/1/	<u> </u>	A. C. C.	O A A A	1	
	(6.5	and the same of th			



65 19079		BALTIMORE CITY HEAL				65 1	0079
BIRTH NO. MEDI	CAL EX	(AMINER'S CI	ERTIFICAT	TE OF	DEATH Registe	red Na	
M.E. CASE NO.					X		
1. NAME OF DECEASED (Type or Print)				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
MARGARET 6	LAMBE	RT	1	Sentem	ber 28, 1965	5 1 8	:30 PM
3. PLACE IN BALTIMORE, MARYLAND, WE			I A. STATE	ENCE (Where	deceased lived. If inst	itution: residence	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET			le corporate limits, write	RURAL ond give	e township)
INSTITUTION			R	altimor	Α.	1/61	,
2721 N. Charle	es St.		D. STREET ADDE				2~00
			49	942 Bro	okwood Road		
		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hr.
female white			Nov. 1	0.1898		1	
OA. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	IOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or forei	gn country)	12. CITIZEN OF	
	Milbur	n Mfg. Co.	New Jen	rsev		U.S.A	
3. FATHER'S NAME	112000	11 1115	14. MOTHER'S M.		E	0.0.2	
Juluis Mosser			Mont	Kelly			
5. WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	иетту		ADDRESS	
fes, no or unknown) (If yes, give war or dates	of service)	SECURITY NO.					
· no none		138-16-0937	Gertru	de Har	idschuh 6%	Cedar	HillA
1B. 4 9 9 9		CAUSE	OF DEATH				RVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY					Olvac	I AND DEATH
LEADING TO DEATH		(A) Arter	ioscleroti	ic card	iovascular d	lisease	
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused d	the discose.	DUE TO				200000	
injury or complication which coused d	eoth.)					The state of the s	
ANTECENDENT CAUSES	5						
DISEASES OR CONDITIONS, IF AL	NY, GIVING	(B)					
RISE TO THE ABOVE CAUSE (A) ST.	ATING THE						
Z		(C)					
OTHER SIGNIFICANT CONDITIONS (
TO THE DEATH BUT NOT REL		Ht					
		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FIL		ERED
WAS PERF	ORMED		Yes	3	IN CERTIFYING CAUS	SES OF DEATH?	
21A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i				ve exact lacation)	
UNDERLYING OR CONTRIB-	home etc.)	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?			
7	411 10	1E. INJURY OCCURRED	015.46	NA DID INI	URY OCCUR?		
OF INJURY				נאו טוט אל	UKT OCCUR?		
(APPROX.)	m. V	VHILE AT NOT V	WHILE ORK				
22. I certify that I held an In	auiev 🗆	Inspection Aut	apsy X and	l that an th	is basis, death in m	y apinian	
resulted from: Natural cau	ses X	Accident Suicide			Undetermined manne	er	
10-111	1				AMINER	DA	TE SIGNED
ACTUAL SIGNATURE	ofthe	Lux M.D.	ASSISTANT MI	EDICAL E	KAMINER		
EYAMINED'S			ASSOCIATE M			9/29/65	
NAME (Type) Rudiger		necker, M\D.					
23A, BURIAL CREMATION, 23B. DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	town, or county)	(Stote)
REMOVAL (Specify) Burial 10/2/	65	Glen Haven	Cemeter	W Ri	tchie High	Way Ral	to Ma
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA			ADDRE	SS •191Q •
OCT 4 1965	120 B	+ 8 Fallenge			FUNERAL	CEDUTAN	
,,,,,,,	hover	C, Colora, m	11126	W. Cr	LANDANO TE	OFF. A TOR	
VS 151-REV. 1/1/65	19	5 5	0 8 0	6 6	oss St. Ba	1to. 30	Md.



CORONATES THEORET STAND Corconneymanaghires arthur Kanfain APTHER KARTEIN 1832 HAVEN NOW A STATE OF THE STA . Po le cettani i pop mon a prop e li contra de la con-

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Mon Corn Maryland 21236 Maryland General Hospital Baltimere 4 Belight arrane M W Married 3/19/1905 60 04.10 Motor room observer Harley Howard Corn Amanda Cook 278-05-3400 Chart 7/25/65 Acute abdomen yes

IMPORTAN

FUNERAL DIRECTOR:

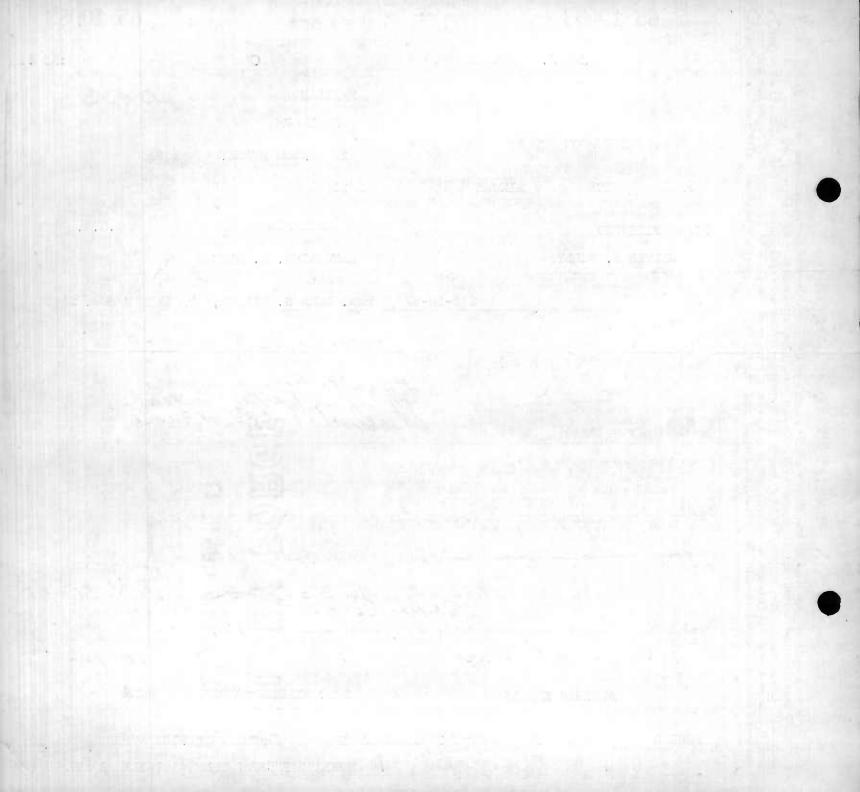
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IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

Letter from U.S.Public Health Service Hosp. 11-16-66 M.H.

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Prefi Sh Gallana

65 10086

BIRTH NO.	MEDI	CAL E	AMINER 3 C	EKTIPICA	X OF D	EAIN Registe	red No	
M.E. CASE NO.	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
(Type or Print)	CHAD	LES E.	CARLISLE			0/3	10/65	10:35 p.
	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	ence (Where d	eceased lived. If inst B. COU	itution: resid	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	UTION, GIVE STREET		vn (If autside	carporote limits, write	RURAL on	d give township)
14	77 . 7	! -7 TT-		D. STREET ADDE		give location)		
5. SEX	Union Memo		SPITAL NEVER MARRIED	B. DATE OF BIRTI	u	9. AGE (In years	I If I Indo	1 Yr. If Under 24 H
male	white	Marrie	DIVORCED (specify)	Dec.1,19	007	lost birthdoy) 57	Months,	Days Hours Min
	WPATION (Give kind of work working life, even if refired) Cance Man for			Marylan	ıd	cauntry)	VHA	T COUNTRY?
James	Carlisle			Annie E				
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO. 216-03-9765	Mrs.Blan	che M. (Carlisle, Mo	nkton.	
DISEASES RISE TO THE UNDERLYI OTHER SIG TO THE DISEASE O	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	NY, GIVING TATING THE						
19A. DATE O	F OPERATION 19B, CON WAS PER	FORMED	WHICH OPERATION	no		OB. IF YES, WERE FILE N CERTIFYING CAU	SES OF DE	ATH?
UNDERLYING UTING CAL	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, factory, street,	in ar about 21C. V affice bldg., INJURY	VHERE DID (III	in Baltimore City, gi	ve exoct la	cation)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT AT W	WHILE	IULNI DID WO	Y OCCUR?		
ACTUA SIGNAT	TURE NOW	nquiry 🗌	Inspection X Au	le Hamici CHIEF M	de U	MINER X	er 🗌	DATE SIGNED
EXAMII NAME ((Type) Werner U	. Spitz	γ _{M.D.}	ASSOCIATE M				
23A. BURIAL CRI REMOVAL (Special Burial	Oct.4,1	.965	Jessop Cemete	ery	Coc	keysville,		
24A. DATE REC'E	OCT 4 1965	Poleel	of registrar E. Farbura		ine & Sc	ns, Reiste		DDRESS 1, Md.
VS 151-REV. 1/1.	/65	7 6	50	0 0	7 5			

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Date to the St. Road

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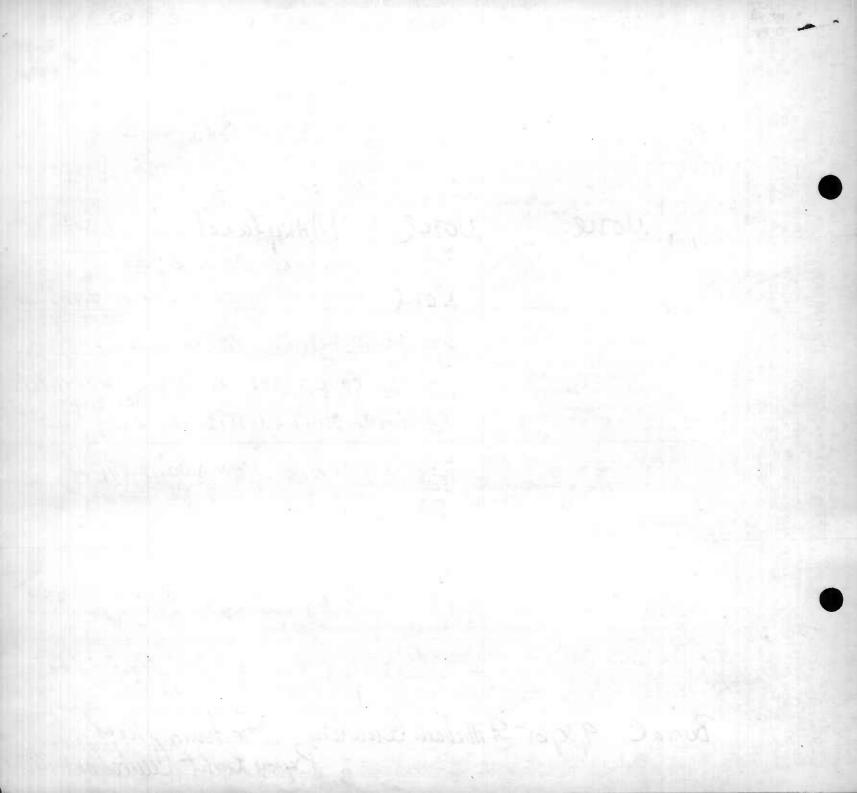
Ont. 1, 1265 Jessey Constant

W.S. or S. O.

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IMPORTANT

FUNERAL DIRECTOR:



05 40000	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 10000
BIRTH NO. 65 10088	CERTIFICA	TE OF DEATH	Registered Na	65 10088
TINAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	/
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			9/39	165T 2
3. PLACE OF DEATH M BALTIMORE, MARYLAND		A. STATE B. COU	ere deceased lived. If ins NTY	titution: residence before admis
FULL NAME OF (If not in hospital or institution	n, give street	C. CITY OR TOWN (III or	AND	12-06
INSTITUTION				URAL and give tawnship)
UNIONMEMORI	AL HOSP.	BALTIM D. STREET ADDRESS (III	rural, give location)	
W 10 - 610 111 C			CHARLES	57:
5. SEX 6. RACE 7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
+ CAUC. WI	DOWED Specify	2/6/01	64	Widnin's Doy's Hoors
IOA. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
data dating man of manning may are in a tallica,		VIRGIN	LIA	115A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		2 3
WOHN KEAVEN	'x	SARA K	11 INE	(n)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (II yes, give war ar dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
	SECONITI NO.	HOSPITAL I	RECORd	
18. 44 44	CAUSE	DF DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	0	22-2-	, , ,	ONSET AND DEATH
LEADING TO DEATH (This daes not mean the mode of dying, e	(A) C	REBROU	ASCULAI	<u> </u>
hearl foilure, osthenia, etc. II means the diseo injury ar complication which caused deoth.)	se,	CCIDENT		
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if ony, givi	DUE TO	ASCUD		The state of the
rise la lhe obave cause (A) sloting I UNDERLYING CONDITION last.	he (C)	MSCUD		
II	· · · · · · · · · · · · · · · · · · ·			
7	ING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes at N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B, PLACE OF INJURY (e.g.,		(If in Baltimare	City, give exoct lacation)
▼ DEATH (natily medical examiner)	home, lorm, foctary, street, c etc.)	office bldg., INJURY OCCUR?		
21D. TIME (Manth) (Day) (Year) (Haur)	TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	While At Not Whi	le 🗍		8
22. I certify that (I) (this hospital) attende			19 65 to 9	/30 19 6
that (1) (we) last saw the deceased alive a		3 0 19 6 5 and 11		
and haur and fram the causes stated above			in (in), (doi, apin	dodnir decomed gill fill
23A. SIGNATURE	, , , (, , (ara) (ara ilai)	The body diret deding		23B, DATE SIGNED
0	M.D. Att	ending Med.	Staff Phys.	9/30/6
23 C. PHYSICIAN'S	V V	23D. ADDRESS •	1117 3.	1/2-1-
VICTOR M. RODRIGUEZ	M.D.	UNION	M. Ho:	Spitac
24A. BURIAL CREMATION, 24B, DATE 24C	NAME of CEMETERY or CT		LOCATION (Str.)	r, tawn, ar county) (S
REMOVAL (Specify)	Princelle Co	motor Ra	in offer lyon.	who is It V.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUMERAL DIRECTO	3 -1	ADDRESS/ #
OCT 4 1965 P. C.	JE tarbuna	1 Frank	1) Deity	814W 36 h
VS 150-REV. 1/1/65		11 6 70 11 1	X	<u> </u>

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VS 150-REV. 1/1/65

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IMPORTAN DIRECTOR: FUNERAL

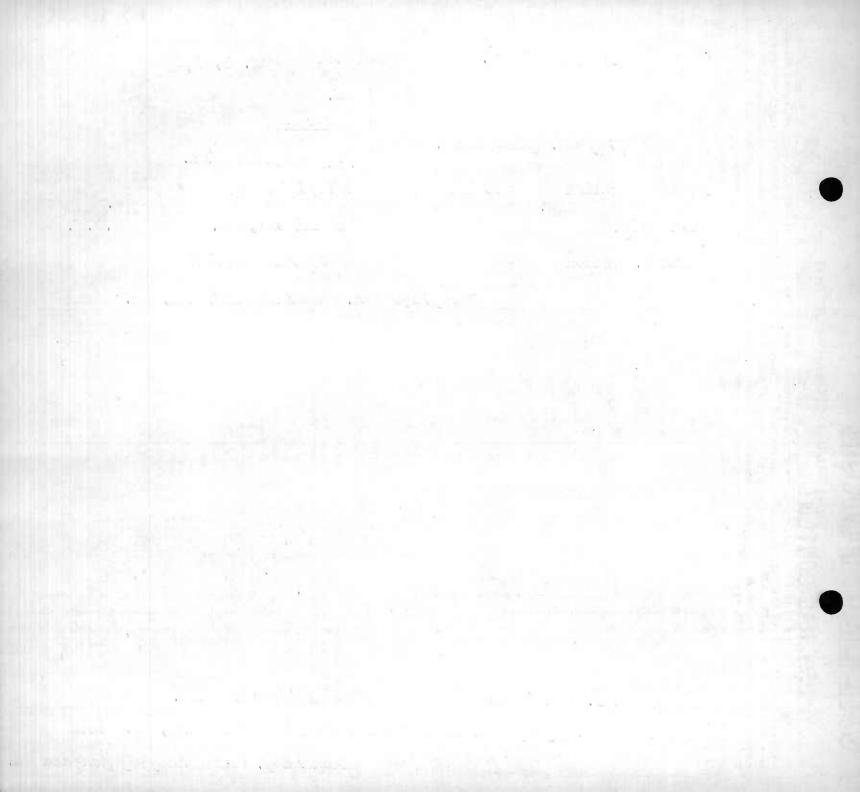
Registered No. BIRTH NO. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If autside city limits, write RURAL and give tawnship) If Under 1 Yr. If Under 24 Hrs. Manths! Doys Haurs! Min. 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS: INTERVAL BETWEEN ONSET AND DEATH 6-7 approx 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Boltimore City, give exact location) 30 238, DATE SIGNED -30-65 Box (City, town, or county) (State) 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Murcy Hospital 3-6-34 31 000 Female Negro Married Maryland William Dent Wilson Margaret Newley SEPTICEPINE & PERSONNEL area a Hyperbiline and appeal of the Harp to administrate The same a law traine presentation, Substitute of astrology of the service of B more with the year * 37.7.78 7-30 8-65 Mary Jim Ratur Mercy Hosp Ber 18

U. 1, 1, 65 .. (.W.

		Y HEALTH DEPARTMEN		65 19093
BIRTH NO. 65 10693	CERTIFIC/	ATE OF DEAT	H Registered Na	(10
M.E. CASE NO. 1. NAME OF DECEASED	0.1	11	E AND HOUR OF DEATH	(1/11)
(Type or Print) Frances	. Bl	ackburn (ct. 2, 1965	10110
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. C	OUNTY	stilution: residence before admission
FULL NAME OF (If not in hospital or institution	, give street	Md.	2	7-0/
HOSPITAL OR oddiess or locotion) INSTITUTION		0 1	If outside city limits, write	RURAL ond give township)
0 M CI	01.1	Baltimore D. STREET ADDRESS	(If rural, give location)	
7145 Mc. Clear	i biva.	7145 McC.	lean Blvd.	
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	If Under 1 Yi., If Under 24 H
Female White Ma	VED, DIVORCED (specify)	6/11/192.	2 Host, himhdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewite		Baltimo	re. Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
John M. Nelson		Margare	t Schmidt	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service	220051690	Mr. Raymon	d Blackburn,	gr. Same
18.		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			11.	ONSET AND DEATH
LEADING TO DEATH	(A)	orcinon	of breast	2 moun
(This daes nat mean the made of dying, e., heart failure, asthenia, etc. It means the diseas			,	
injury ar complication which caused death.)	450			
ANTECEDENT CAUSES	DUE TO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes	OI NO 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., ome, lorm, foctory, street,	in or obout 21C. WHERE D office bldg., INJURY OCCU	ID (If in Boltimor	e City, give exoct locotion)
DEATH (notify medical examine)	tc.)			
S OF INJURY	TE INJURY OCCURRED		NJURY OCCUR?	
	While At Not Wh Work Al Wor			11.
22. I certify that (1) (this haspital) attended	the deceased from	augu	1 19 6 Tta () CLOVE 19 6
that (1) (we) last saw the deceased alive ar	Octob	~ 1 19 45 or	nd that in (my) (our) api	inian death accurred on the
and haur and from the causes stated above.	(1) (We) (did) (did nat)	view the bady after de	ath.	
23A. SIGNATURE				23B. DATE SIGNED
It Workinson	WW MD M.D. A	ttending Med. Director	Stoff Phy s.	(0/2/6)
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 011	
Joseph F. Palmisan	O M.D	6608 Loch	Raven Blvd.	
DEALONAL (See - 2)	NAME of CEMETERY or C			ity, town, or county) (Stot
Burial 10/5/65	Moreland Mer			, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRE	CTOR Parala One	5305 Harford
OCT 4 1965 (C.C.)	DE TONKOM.	Legnand	h. NUCR YNC	Jour Hargoria
VS 150-REV. 1/1/65 *				



65 10094	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 10094
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	30 2000 1
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) AMAD AMAD	UN HOPNIN	2. DATE AND	D HOUR OF DEATH	0/1/65 m
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	-11.	4. USUAL RESIDENCE (Where A. STATE B. COUN'	e deceosed lived. If institution	n: residence befare admission)
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) MNSTITUTION	ution, give street	MARYLAN	Side city limits, write RURAL	ond give township)
	11-00	BALTIMOI	RE	70 5 5 5 5
UNION CHEMORY	al Host	D. STREET ADDRESS (IF , 2701 ALL.)	SA AVENUE	3
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		ost birthdoy)	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KH	ND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or foreign	gn country) 12.	CITIZEN OF
dane during mast of working life, even if retired)		BALTIMO	DKE, MD.	WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE (
(YUSTAV WEY	EAL	DOKA B	THERE Danha	ck
5. Was Deceased Ever in U. S. Armed Farces? Tes, no or unknown (It yes, give wor or dates of se	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Dorcoo	ADDRESS
No	UNK	+KEDERICK	HORNUNG	67A
1B. 13 3 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		inversioned L	idet exem	
(This does not mean the made of dying,	e.g., QUE TO	orcinoma 1	coyuq eviers	x - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
heart failure, asthenia, etc. It means the di- injury or complication which caused death.	seuse,		4	
ANTECEDENT CAUSES	(B) Lef	melastosis	to the Cin	er:
DISEASES OR CONDITIONS, if any,	DUE 70			
rise to the above cause (A) stating				
UNDERLYING CONDITION last.			20/11	55
OTHER SIGNIFICANT CONDITIONS CONTRI OTHER DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		7	Lillo / "/"	
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY (APPROX.)	While At Not Wh		URY OCCUR?	
	Work At Work	121	19 6 to 1:30 A	m to/1 19 65
22. I certify that (1) (this hospital) atter that (1) (we) last saw the deceased aliv	112 m 1111 1 1 1 1 1		19(2.2.10	death accurred an the date
and have and from the causes stated abo	ave. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE				DATE SIGNED
Kon Nature	M.D. A	ttending Med. Director	Stoff Phys.	10/1/65
PAROBERT N. WHITLO	CK M.D	23D. ADDRESS UNION M	EMORIAL HOSP	ITAL
	24C. NAME of CEMETERY OF C			wn, or county) (Stote)
REMOVAL (Specify)	Parbunad Co	metery Bo	altimore, Ma	ryland 05 Harford Rd
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	0 1 0	ADDRESS
OCT 4 1965 (R)	Out & Fallome	Leonard J.	Ruck Inc 53	05 Harford Rd
10 300 BEN 1/1/45				

S) F T . LAITLOCK U 10 1 TF D 1/L MOSPITAL

IMPORTANT

FUNERAL DIRECTOR:

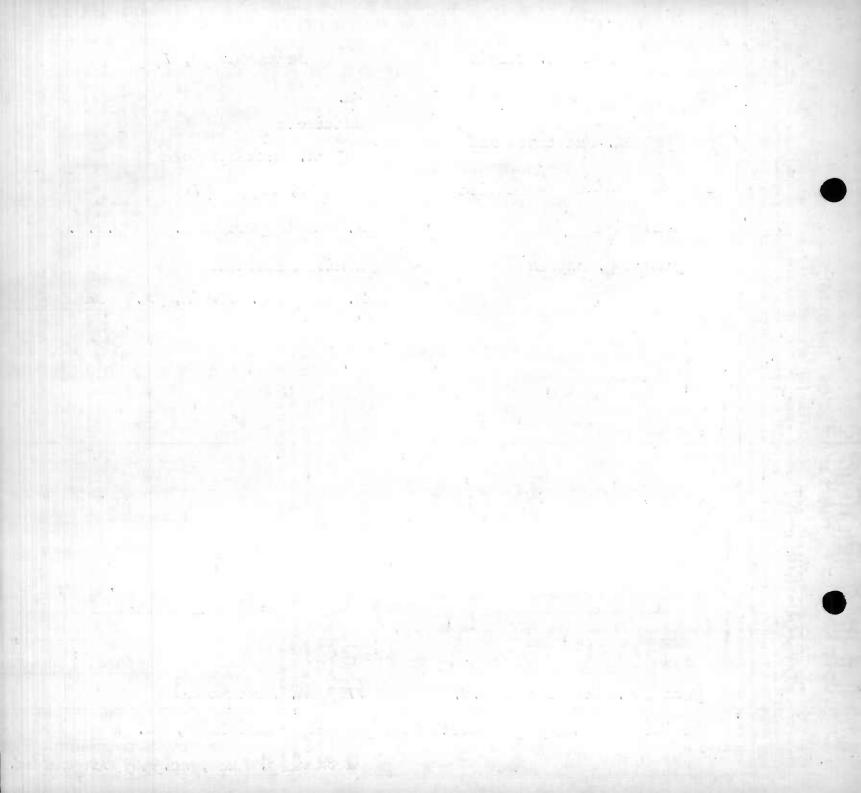
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Specific Pearl L. Havin September 30, 1965	M.E. CASE NO.	CERTIFICA	TE OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARKEND FULL NAME OF (If not in hospitul or institution, give sheet oddiess or locotion) A STATE (S. COUNTY (If not in hospitul or institution, give sheet oddiess or locotion) 30.2 St. Durstans Road S. SER (S. RACE MONOTOR) (If not in hospitul or institution) Jemale (Monotory (In not), give locotion) 30.2 St. Durstans Road S. SER (S. RACE MONOTOR) (If not in hospitul or institution) Jemale (Monotory (In not), give locotion) Jemale (Monotory (In not), giv	Type or Print	Havin		1065.
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S. SEE Jemale Jemale	302 St. Durstan	s Road	D. STREET ADDRESS (If rural, give location)	
JEAN SUAL OCCUPATION (Give kind of work) OR, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) JOHN SUAL OCCUPATION (Give kind of work) OR, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) St. Mary (ourty, Md. 12. CHIZEN OF WHAT COUNTRY) JOHN ST. AMME JAMOTHEES MAIDEN NAME			302 St. Dunstans Roa	d
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21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 19 1 ta 9/30 19 that (I) (this last saw the deceased alive an 9/26 19 65 and that in (my) opinion death accurred an though a deceased alive an 19 1 ta 19 1 ta 19 1 ta 19 10 ta 19 1	OR CONTRIBUTING CAUSE OF	home, form, factory, street, o	ffice bldg., INJURY OCCUR?	
OF INJURY (APPROX.) While At Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 57 ta 950 19 that (I) (we) last saw the deceased alive an 9/26 19 to and that in (my) opinion death accurred an though a normal from the causes stated above. (I) (We) (did) (did to view the body after death.	0			
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A A A A A A A A A A A A A A A A A A A				23B. DATE SIGNED
M.D. Attending Med. Stoff	0000006	M.D. Atte	ending Med. Stoff	10/1/65
Phys. Director Phys.	TONIA DULL I MANA	Phy	Lirector Phys	11/6
George W. Murgatroyd, M.D. M.D. 1127 St. Paul Street	22 PHYCICIA PE			, , 0,5

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)

Burial (Specify) 10/4/65 Druid Ridge Cemetery Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65



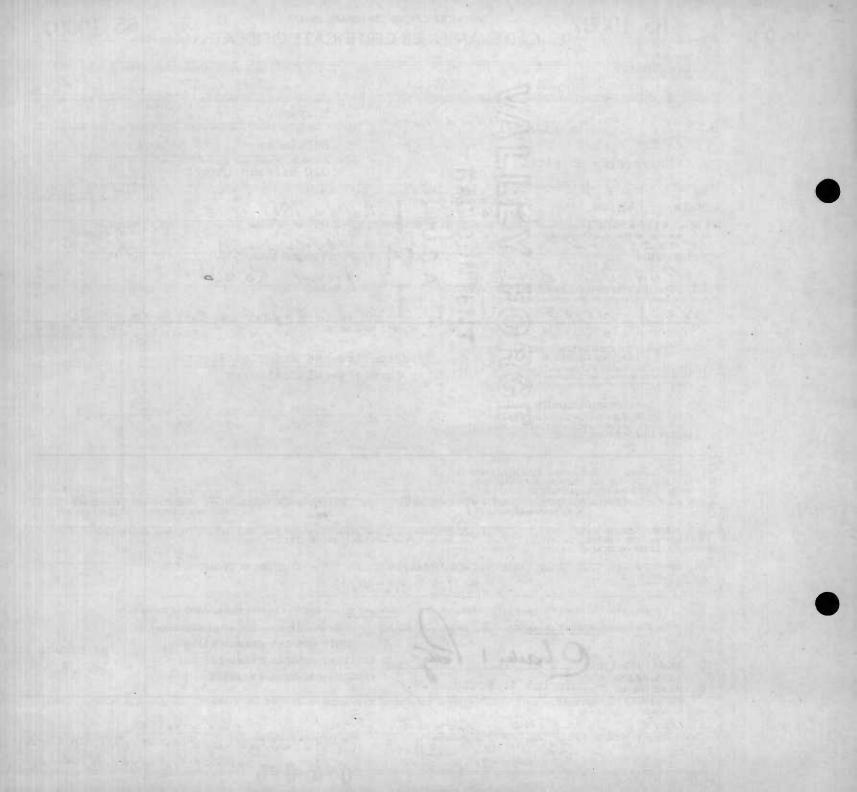
FUNERAL DIRECTOR: IMPORTANT

	AME OF DEC	EASED		2. DATE AN	D HOUR OF DEATH	
	e or Print)	Frank	B. Gehr	ing Sent	30 1065	
3. P	LACE OF DEA	Frank	RYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution; residence belore odm
					,	2703
H	OLL NAME O	oddress or location	or institution, give street	Maryland	teida city limite write l	2018Al and give towerhin)
11	NSTITUTION			C. C	iside city minis, while i	CORNE ONG GIVE TOWNSHIP?
1		Gould Nursing	r Home	D. STREET ADDRESS TIME	fund, give location)	
V		ovala narbin	S MOME			
5. SI	rv	6. RACE	7. MARRIED, NEVER MARRIED	5105 Plymouth	9. AGE (In years	T 10 11-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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	ale	White	Widowed	10/7/1888	76	
		JPATION (Give kind of work working life, even if retired)	TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	(Retired	- •	II C Comment	Warran 2 2		
	ATHERS NAM		U.S. Government	Maryland 14. MOTHERS MAIDEN NA	MF	USA
				THE PROPERTY OF THE PARTY OF TH		
		Gehring		Mary Leucking		
15. V	Nos Deceased	Ever in U. S. Armed For	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		, , , , , , , , , , , , , , , , , , ,	JECORIII NO.	16. D 7	99	
_	10 00 00	01	CAUCE	Mrs. Rosalie B	rolle- 5105	Plymouth Rd.
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	injury or com	plicolian which coused	death.)			
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	DISEASES C	OR CONDITIONS, if	ony, giving			
		condition (as).	stating the (C)		* ****************************	
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A	DISEASE OR	CONDITION CAUSING I	т.	120.4	V 000 15 N	
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ERTIFIC	0					
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AL CERTIFIC	OR CONTRIBL		21 B. PLACE OF INJURY (e.g., home. farm, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
CAL CERTIFIC	OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF	home, farm, foctory, street, o	office bldg., INJURY OCCUR?		City, give exact locotion)
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BIRTH NO.	MED	ICAL EXA	AMINER'S C	ERTIFICA	TE OF	DEATH Regis	tered Na	10001
M.E. CASE NO.								
Type or Print)	CEASED				2. DATE AN	D HOUR PRONOUN	CED DEAD	
	FREDRIC		BAIER		Octo	ber 2, 1965	,	7:20 A
	TIMORE, MARYLAND, W			I A CTATE	ence (Where	deceosed lived. If in 8. CC	ounty	dence before admission
ULL NAME OF IOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET		WN (If outsid Ltimore	e corporote limits, wr	2 O	nd give township)
Uni	versity Hospi	tal		D. STREET ADD		on Street		
Male	6. RACE White	WIDOWED, DI	EVER MARRIED VORCED(specify)	Suly4	1912	9. AGE (In yeors lost birthdoy)		1 Yr. If Under 24 H Doys Hours Min
one during most of	CUPATION (Give kind of working life, even if retired)		SUSINESS OR INDUSTR	MA	(State or foreign	and	12. CITIZE WHA	T COUNTRY?
B. FATHER'S NAI	ME ARLES B	AIEI	P	A N N	6	066		
es, no or unknow	ED EVER IN U.S. ARMED	FORCES? s of service)	6. SO CIAL SECURITY NO.	17. INFORMANT	A D		ADDRESS	
No	NeNE		7	Studer	Bayce	= 6 ORG	hand -	DRIVE.
1B.	3 X 1		CAUSI	OF DEATH				INTERVAL BETWEE
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	(B) DUE TO					
TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	ATED TO THE						
19A. DATE O	F OPERATION 198. CON WAS PER	DITION FOR WI	HICH OPERATION	20A. AUTOPSY yes		20B. IF YES, WERE		
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. PL home, etc.)	ACE OF INJURY (e.g., form, foctory, street,	in or about 21C. V	WHERE DID	(If in Boltimore City,	give exoct lo	cotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		. INJURY OCCURRED IILE AT	WHILE	OW DID INJ	URY OCCUR?		
	rtify that I held an I		Inspection Au			is basis, death In Undetermined man		
ACTUA SIGNAT	TURE	ach 1	Taly M.D	ASSISTANT M		CAMINER		DATE SIGNED 10/2/65
NAME (/ 'la naa	es S. Pe	tty, M.D.	ASSOCIATE M	LEDICAL EX	XAMINER		
BA. BURIAL CRI	EMATION, 23B. DATE		NAME of CEMETERY	OF CREMATORY			ty, town, or c	county) (Stote)
AA. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF	REGISTRAR PURA	24C. FUNER	AL DIRECTOR	wish Hu	NE A	DDRESS Horse
		Mercen		61	argein	Dr. Byske	2 210	1 Thredorice
5 151-REV. 1/1.	/65	8 3	and the	0 0	0 0			E 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



VS 150-REV. 1/1/65

Stidul Stamet

CRF

IMPORTANT

FUNERAL DIRECTOR:

20 - 10 - 11 - 1-1-1

3 3 3 8000 Mercy Hoop, the Inc Touto. Md. 106 DIHEdrah Drive ++ 18-1-8 pampen a 4 assembly. Virginia golm Chatlerbuck Growin G. 10p.

	00 -	FOTOT	В	ALTIMORE CITY HEA	LTH DEPARTMEN	NT		63 11	111
BIRT	TH NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF I	DEATH Registe	red Na.	
M.1	E CASE NO.								
1. 1	NAME OF DECE	ASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
Cty	pe or Print) MA	BEL E. NE	EAL			1 Octo	ber 1965	10:00	p. M
3. P	LACE IN BALTIA	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	DENCE (Where	deceosed lived. If insti	tution: residence before	re odmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL DR INSTITU	TION, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporate limits, write	RURAL ond give to	ynship)
INS	TITUTION				Ba1t	imore		27-1	8
20	Cinai	Hospital			D. STREET ADD		give location)		
	SIHai	Nospitai			4913	Cordel	ia St. A. K		
5. 5		RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	TH .	9. AGE (In years lost birthday)	Months Doys Ho	nder 24 Hrs.
]	female	caucasian	Separa	ated	June 4.1	1907	58		
		ATION (Give kind of worldrking life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF	RY?
			Stewar	t Co	Marvla	and		U.S.	
13.	Sales LE				14. MOTHER'S M	AAIDEN NAM	E ×		
	Will	liam H. Fr	eeland		Minni	ie Stul	78.		
	WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		-	ADDRESS	
			-		Helen I	. Nee	1. 4913 Co	rdelia Av	e
	1B. /			CAUSI	OF DEATH	u. Mea.	1. 471) 00		BETWEEN
	7 7							ONSET A	ND DEATH
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	(This does no	t mean the made of sthenia, etc. It means	dying, e.g.,		ardiovascu				
	injury or comp	lication which caused	deoth.)		aldiovascu	rial dis	casc		
	AN	ITECENDENT CAUSE	S						
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		ABOVE CAUSE (A) S' CONDITION LAST.	TATING THE						
Z				(C)					
H		II.							
CERTIFICATION		FICANT CONDITIONS EATH BUT NOT RE							
H		CONDITION CAUSING					loop to year these eith		
CER	19A. DATE OF	WAS PER		VHICH OPERATION	no	f? (Yes or No)	1208, IF YES, WERE FIN		
AL	21A. EXTERNAL		218. F	LACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	(If in Boltimore City, gir	ve exact location)	
8	UNDERLYING CAUSI		home, etc.)	form, foctory, street,	office bldg., INJUR	Y OCCUR?			
	21 D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21 F. H	OM DID INT	JRY OCCUR?		
	(APPRDX.)		m. W		WHILE D				
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	resulte	ed from: Natural ca	uses X A	crident Sulcia	le Hamle	ide 🗌 👢	Indetermined manne	or 🗌	
		0 /			CHIEF M	EDICAL EX	AMINER -		
	ACTUAL	DE 10/0	iles) . /	clip .	ASSISTANT M	EDICAL EX	AMINER X	DATE	SIGNED
	SIGNATU		1	M. U	ASSOCIATE A			10/2/65	
	NAME (T	ype) Charles	S. Pett	y	AUGUCIATE II	HEDIONE E.		10/2/03	
	OVAL (Specify)	ATION, 238 DATE	230	C. NAME Of CEMETERY	or CREMATORY	23 D. L	OCATION (City,	tewn, or county)	(Stoto)
	Burial	10/5	/65]	Mt.Zion		Fr	eeland, Md		
244	. DATE REC'D B	Y HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS	· Coup
	0	CT 4 1965	Robert	E tarkenta	Quest	m/6.	Sonovan).	3818756	and
VS	151-REV. 1/1/65	•	P 11	and .	8 0	4,0			-1

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	TH NO. 65 10102 CERTIFICA	THEALTH DEPARTMENT	5 10102
	E CASE NO. CERTIFICA	TE OF DEATH X Registered No. 6.	
1. N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	2:25A
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institutions A, STATE B, COUNTY	residence before odmission
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MARYLAND BALTIMORE	Salt
	INSTITUTION	BALTIMORE ZONE 27	and give township)
5	ST. AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 5524 LINK AVENUE	00 00
5. 5	FEMALE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 6-7-13 9. AGE (In years lost birth day) 52	der 1 Yr. If Under 24 H s Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	l w	ITIZEN OF
	CLERK Drug Store	MARYLAND	1.5, A.
13.	ERNEST RAWLINGS	14. MOTHERS MAIDEN NAME SARAH BOWEN	
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
	No or unknown) (If yes, give wor or dates of service) 219031166	ST. AGNES RECORDS -CATON	
	3340	en bral em Estiem	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.)	en bral em Eslipa un de ferminel	
	ANTECEDENT CAUSES (B) DUE TO		
Г	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.		**************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	vol embelism.	anna di
CERTIFICA		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
_	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of peach (notify medical examiner)	in or about 21C. WHERE DID III in Boltimore City, of the bidgs, INJURY OCCUR?	give exact location)
		21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an OCTOBER 1	SEPTEMBER 24 19 65 to OCTOBI	
	and haur and fram the causes stated above. (I) (We) (dld) (did nat)		
	Viente G. Theben M.D. M.D. AH		ATE SIGNED
		ending Med. Staff /s. Director Phys. /C	-1-68
	VINCENT G. RUBIN M.D.	ST AGNES HOSPITAL	
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMOVAL (Specify) Burial 10/4/65 Loudon Park C		, or county1 (State
25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR CHIMA	25C, FUNERAL DIRECTOR 1328 SUIDATE	Spratores Rda
VS	150-REV. 1/1/65	1/8 may griffing come	or over var

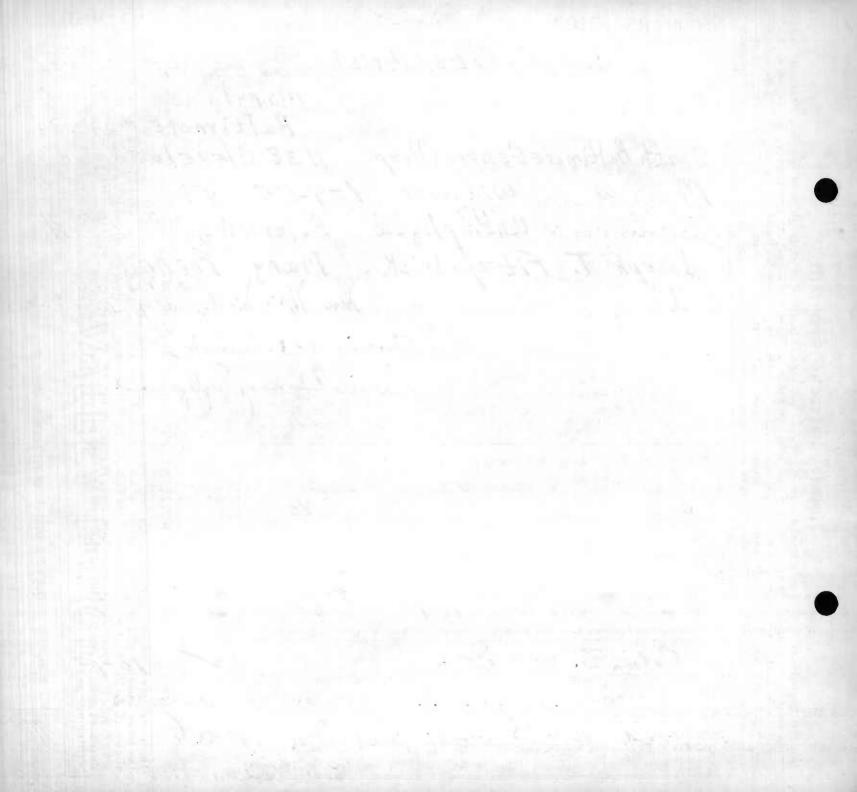
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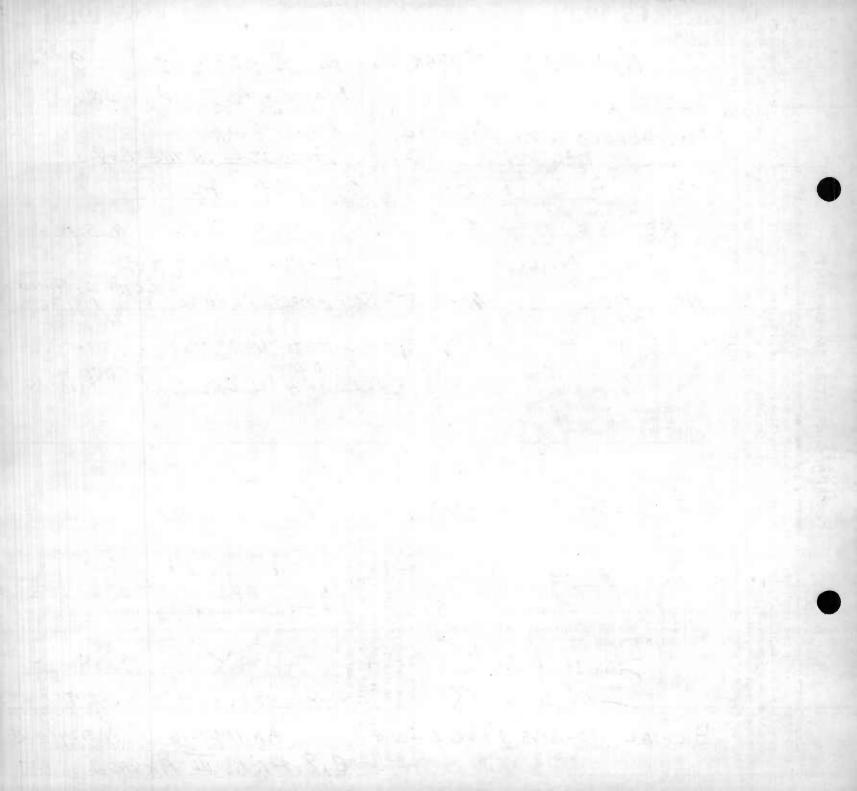
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BALTIMORE CITY HEALTH DEPARTMENT



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W. Kilgord Mgrriage. Lourd & Staffs

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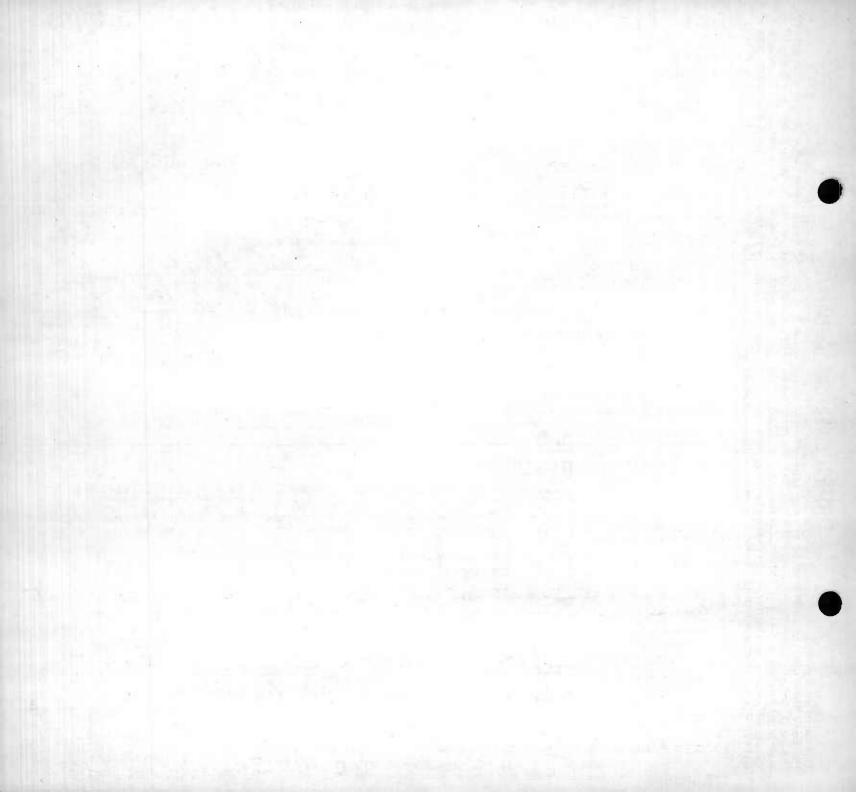
	po or Print)	Amahia Damma	and Courses		TE AND HOUR OF DEATH	
3. 1	PLACE OF DE	Archie Berna	•		ept.29, 1965	7-3
	FULL NAME O		or institution, give street	Maryland	(Where deceased lived, If COUNTY (If outside city limits, write	U.U.
1	NSTITUTION	Montebell	o State Hospital	Pasadena O. STREET AOORESS 10 Park Dr	(If rural, give location)	t # 4
5. 5	M	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specily) widowed	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Ur Months Doys Hours
P	ress op	erator- Ret.	Winchester wood	Maryland		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NA			14. MOTHER'S MAIOER		
		stated in Hos			tated in Hospi	
15. Yes	Was Deceased s, no or unknown Yes	World War I	s of sorvice) SECURITY NO.	17. INFORMANT	XXXXX Calvin	Cavey (son)
	18. 16	2, / 1		F DEATH		INTERVAL BET
		SE OR CONDITION DI LEADING TO DEATH nal meen the mode of	(A) Bron	chogenic carc	inoma of lung	15 month
	injury ar con	osthenio, etc. It meons nplication which caused ANTECEDENT CAUSES	deoth.)	se unknown		C MEN
		OR CONDITIONS, if	OUE TO	. 1980 1980 1 88 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188	18 6 ft ft ft ft ft de file 6 de fersk 6 fe en med 6 ft 6 ft 6 ft en greg gag gag gag gag gag gag gag gag gag g	**************************************
		e above cause (A)				
		G CONDITION last.	staling the (C)		**************************************	*****************************
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DIRECTOR:

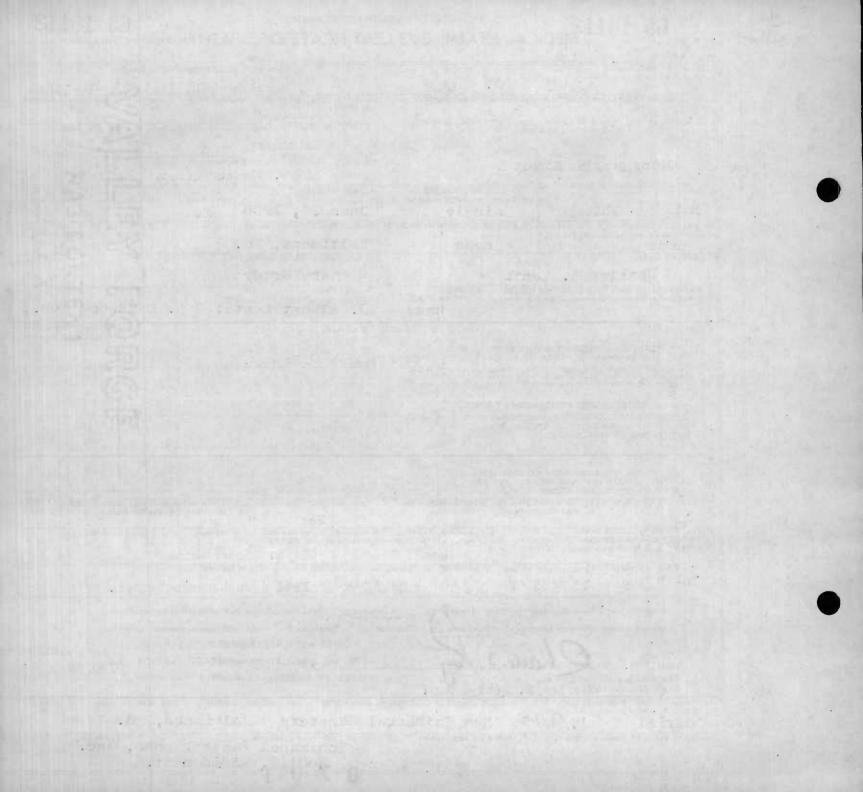
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VS 151-REV. 1/1/65

	65	10112		BALTIMORE CITY HEA		NT TE OF DEATH Regist	65 10112			
	H NO.	MED	ICAL LA	NAMIINEK 3 C	LKIIIICA	TE OF DEATH Regist	ered Md.			
	NAME OF DEC	CEASED				2. DATE AND HOUR PRONOUNCE	CED DEAD			
(Ту	se or Print)	JOSEP	H A.	LENTZ						
3. F	LACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIG	September 30, 19	stitution: residence before admissi			
					A. STATE	aryland B. co	UNTY			
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		WN (If outside corporate limits, wi	te RURAL and give township)			
INS	TITUTION				Baltimore 6-0 L					
	Tohn	s Hopkins Ho	enital		D. STREET ADD	ORESS (Il rurol, give location)				
	GOIII	o nopalno no	spilai		21	14 N. Glover Street				
5. 9	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	TH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 I			
	Male	White		nale	June 2	0, 1900 65	Months, Doys Hours Mi			
IOA	USUAL OCC	JPATION (Give kind of wor				(State or foreign country)	12. CITIZEN OF			
don	none	working life, even if retired)	n	one	Paltim	ore, Md.	WHAT COUNTRY?			
13.	ATHER'S NAM	NE .	11	IOILE	14. MOTHER'S M					
	CH	arles E. L	ent z		Mar	y Brady				
15.		D EVER IN U.S. ARMED		16, SO CIAL	17. INFORMANT		ADDRESS			
		(Il yes, give wor or dote		SECURITY NO.		ert Lentz, 2 N.	Lakowood Ava			
				none	J. Alo	ert Lentz, z N.				
	18. 590	0.0		CAUS	E OF DEATH		ONSET AND DEA			
	DISEA	SE OR CONDITION D	RECTLY							
1	(This does	LEADING TO DEATH			iocereb r al	l Injury.				
	(This does not mean the mode al dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
		ANTECENDENT CAUS		(B)						
	RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO						
7	UNDERLYIN	NG CONDITION LAST.		(C)						
CERTIFICATION										
1	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTI	NG						
<u> </u>		DEATH BUT NOT RE		THE						
ERI	19A. DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20B. IF YES, WERE F				
O	2	WAS PER			Ye		Yes			
MA	21 A, EXTERNA	L CAUSE WAS		PLACE OF INJURY (e.g., e, form, foctory, street,		WHERE DID (If in Boltimore City, g	give exact location)			
		SE OF DEATH.	etc.)	Home		214 N. Glover Stree	t 6-02			
11 -	21D TIME	(Month) (Doy) (Yea	or) (Hour)	21 E. INJURY OCCURRED		OW DID INJURY OCCUR?				
	(APPROX.)	9 29 16		WHILE AT NOT	WHILE X	Fell down basement	stens			
	22.			,						
	l cer	tify that I held an	Inquiry	Inspection A	utapsy 🔀 an	nd that an this basis, death in	my apinian			
	resul	ted fram: Natural ca	uses /	Accident Suici	de 🗌 Hamic	ide Undetermined manr	ner 🗌			
		01	_	1/	CHIEF	MEDICAL EXAMINER	DATE SIGNED			
	SIGNAT		alle S	Pares Mal	ASSISTANT M	MEDICAL EXAMINER	9/30/65			
	EXAMIN			()		MEDICAL EXAMINER	9/30/03			
	NAME (S. Pet	ty, M.D.						
	BURIAL CRE		23	C. NAME OF CEMETERY	or CREMATORY	23 D. LOCATION (City	y, town, or county) (State)			
N.L.	Buria	3 30 / 4	/65 I	New Cathedr	al Cemet	ery Baltimore	, Md.			
24/		BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR Funeral H				
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BALTIMORE CITY HEALTH DEPARTMENT

TARREST MERCENTA THE WALL TO MAKE THE The state of the s the state which is not a state of the state March 1984

M.E. CASE NO 1. NAME OF I (Type or Print)	ALBE	RT L. WILSON		t. 29,1965	
3. PLACE OF FULL NAM HOSPITAL	DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (W	here deceased lived, If i	institution: residence before admis
FULL NAM	OR oddress or locati	l or institution, give street	Md.		S-0/ RURAL ond give township)
INSTITUTION			Baltimo		give to many
10	3341 Elmor)f rurol, give location)	
		,Md., 21213	11	Imora Aver	
5. SEX male	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	11 4/-18-1906		If Under 1 Yr. If Under 24 Months Doys Hours M
done during mos	CCUPATION (Give kind of wo t of working lile, even if retired	ork 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
retin	red	Eastern Box Co.	Baltimore,		
13. FATHER'S			14. MOTHER'S MAIDEN N		
	James Wilso	n	Catheri	ne Miller	
15. Was Deced	sed Ever in U. S. Armed Fown) (If yes, give wor or do	orces? 1 6. SOCIAL tes of service) SECURITY NO.	17. INFORMANT		ADDRESS
no		714-03-4080	Esther Von	unchow Wil	lson, wife, abov
heart fails injury ar DISEASES rise ta	LEADING TO DEATH s nat mean the made core, asthenia, etc. It mean camplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) ING CONDITION last.	of dying, e.g., state disease, ad death.) Stany, giving	encled a	Ja-dustan Degre	- Fyen
TO THE	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	ATED TO THE	20A AHYORSY2 (Vo.	No. 208 PE VES MERE	ENDINGS CONFIDENCE
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OR CONT	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198 CO WAS PE DENT WAS UNDERLYING RIBUTING CAUSE OF DIffy medicol exominer)	ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on the plant of the	n or obout 21 C. WHERE DID ffice bldg. INJURY OCCUR?	(If in Boltimo	
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U 21A. ACC OR CONT DEATH (n OF INJUR' (APPROX.) 22. I cert that (I) (n and hour	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198 CO WAS PE DENT WAS UNDERLYING RIBUTING CAUSE OF oify medical examiner) (Manth) (Day) (Year ify that (I) (this haspite we) last saw the decease and from the causes st	ATED TO THE IT. IT. IT. IT. IT. IT. IT. IT	n or about 21C. WHERE DID iffice bidg. INJURY OCCUR? 21F. HOW DID iffice DID iffice bidg. INJURY OCCUR?	UJURY OCCUR?	The City, give exact location) 196 inion death occurred an the
U 21A. ACC OR CONT DEATH (n OF INJUR' (APPROX.) 22. I cert that (I) (n and hour	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198 CO WAS PE DENT WAS UNDERLYING (Month) (Doy) (Year (Month) (Doy) (Month) (Doy) (Month) (ATED TO THE IT. NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY(e.g., interpretation) 21B. PLACE OF INJURY(e.g., interpretation) (Hour) 21E. INJURY OCCURRED While At Not White At Work all) attended the deceased from attended above. (I) (We) (did) (did not) M.D. Att Phy	n or obout 21C. WHERE DID ffice bidg. INJURY OCCUR? 21F. HOW DID IF	IJURY OCCUR?	The City, give exact location) 196 196 196 196 196 196 196 19
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U 21A. ACCI OR CONT DEATH (n DEATH (n OF INJUR' (APPROX.) 22. I cert that (I) (n and hour 23A. SIGN.	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198 CO WAS PE DENT WAS UNDERLYING RIBUTING CAUSE OF otify medicol exominer) (Month) (Doy) (Yeor ify that (I) (this haspite we) last saw the decease and fram the causes strature CIANS E (Type) CREMATION, 248. DATE CREMATION, 248. DATE	ATED TO THE INDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURYIe.g., home, form, foctory, street, of the street of the s	21F. HOW DID IT 21F. H	NJURY OCCUR? 19 To Stoff Phys. derry St.,	inion death occurred an the

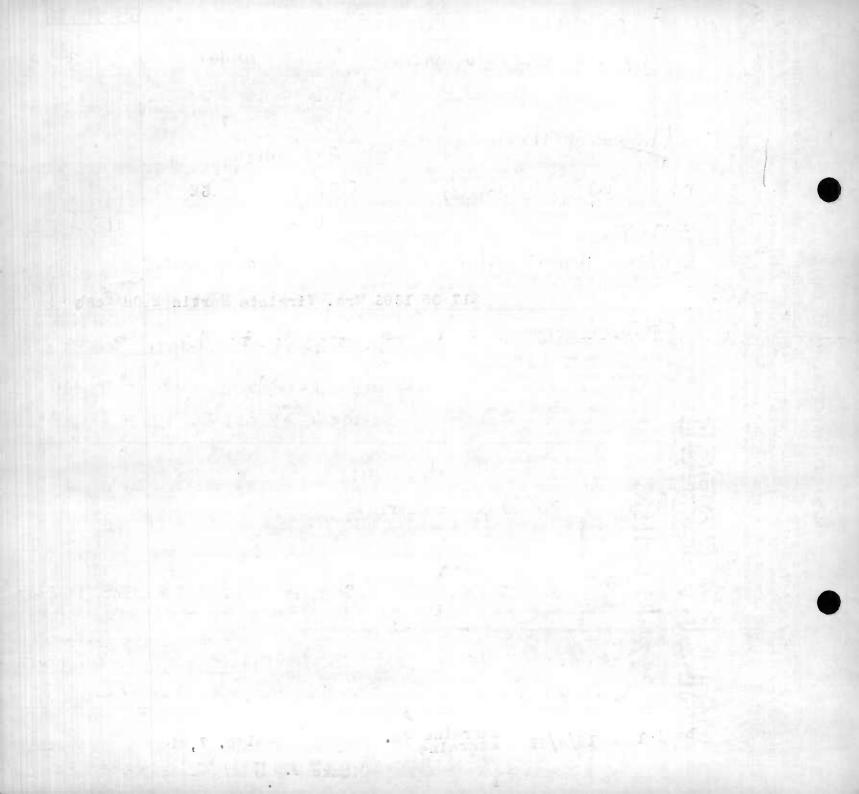
212-4900 IMPORTANT

DIRECTOR:

FUNERAL

But he had from the first and with Maryland Pationer University Hospital 3933 andrythe 21315 2-13-04 61 Married 61511 Maryland Trucking Frank Driver May Becker Same arthres Expension. Please Paperantial Interior Stays Coronary Atlangalouds 14015 General Attorshows Years 7-29 9-24

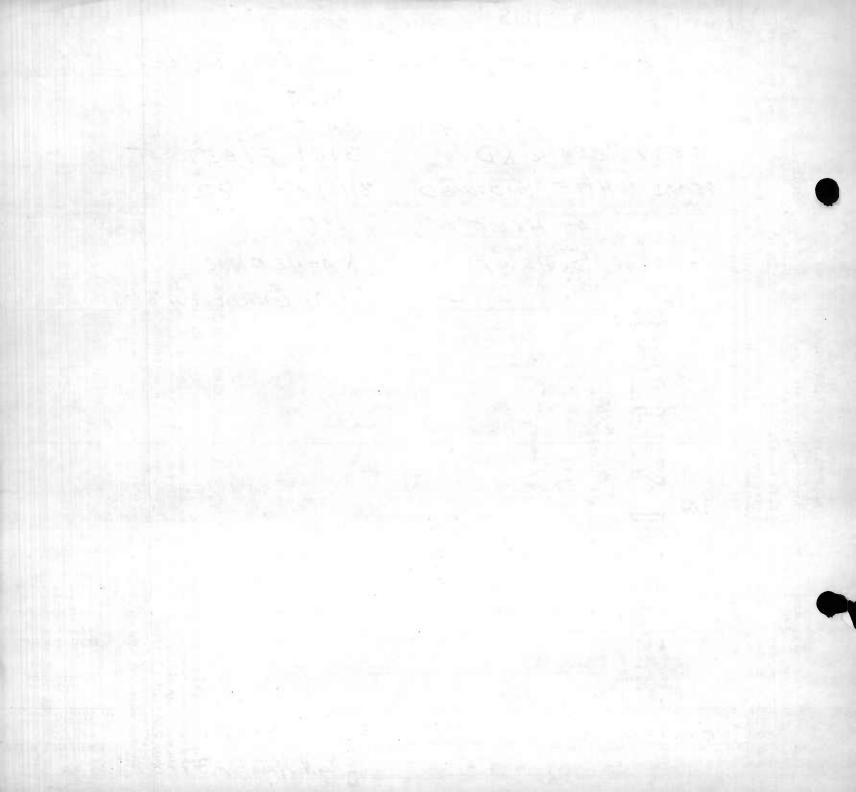
M. 635		TH NO, E. CASE NO,	65 1011	6	CERTIFICA	TE OF DEA	TH Registered No	. 65 11	0116
pital and of death Deceased ce on the ath. Such	1,1	NAME OF DECEA		BERNARD	mhere.	2, D	ATE AND HOUR OF DEAT	Н	230 1
of de ath.	3.		HOWAS LE	RYLAND	MAKIN	4. USUAL RESIDENCE	E (Where deceased lived, J. COUNTY	institution: residence	belore odmission)
10		FULL NAME OF	(If not in hospital oddiess or locatio	or institution, give	streel	C. CITY OR TOWN		1000	3
2 2 2 2	-0	INSTITUTION		1		5 1.	Ill outside city limits, writ	e KUKAL ond give to	ownship)
ed in caus	9	Uni	iversity t	TOSPITAL	-	D. STREET ADDRESS	Mosby A	10	
tribu mine gula	5.	SEX 6	S. RACE	7. MARRIED, NEV WIDOWED, DI	VORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdo)	tf Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
or con indeterring s in re-	10. do		PATION (Give kind of world orking lile; even if retired) CCC			Mid		12. CITIZEN OF WHAT COL	JNTRY?
NT direct direct th was	do do	FATHERS NAME	am Thoma	s Ma	(ก่า	14. MOTHER'S MAID	1. 1	125	.1
	D 15.	s,no or unknown) (ver in U. S. Armed For III yes, give wor or dote	res? 116.	SOCIAL SECURITY NO. 7 05 1686	Mrs. Vir	ginia Martin	ADDRI	2/1/
IMPORTAN or his assistan Also, if the d s of any kind; ounced death	med or		OR CONDITION DIE	RECTLY	CAUSE O	F DEATH	anote Asso		AL BETWEEN AND DEATH
OR: niner o ner. / acture pron	mpa	heart failure, o	t mean the mode of sthenio, etc. II meons lication which caused NTECEDENT CAUSES	the disease, death.)	DUE TO CA	nd Rona	Pailure Par		
DIRECT ical exam al exami s; (3) A fr cian who	0 0 0	DISEASES OR	CONDITIONS, if obave couse (A)	ony, giving	DUE TO	Apric S	Tenesis	6-7	425
die die	remains	OTHER SIGNIFIC	CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELA	CONTRIBUTING	11				9
Chief m chief m c a me Body by the phy ysician	# E	DISEASE OR C	ONDITION CAUSING 19B. CON WAS PER	IT.		20 A. AUTOPSY? (Ye	es or No) 20B. IF YES, WEI	RE FINDINGS CONSI	DERED
FU y the ital by 'e; (2) vhere No ph	befo CAL	OR CONTRIBUTE	MAS UNDERLYING TING CAUSE OF	121 B. PLA	CE OF INJURY le. a., i	n or obout 21C. WHERE ffice bldg., INJURY OC	DID (If in Bolting	note City, give exact	locotion)
ed b hosp artur (6)	btained	OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21 E. INJ While A Work	URY OCCURRED Not White At Work	e 🦳	DID INJURY OCCUR?		
be approved to the sed to the sed to the pital (exceedth); and	99	that (1) (***) 1	hot (I) (this hospito ost sow the decease from the couses sto	ed olive on	00-1	19 65	ond that in (my) (mee) a	pinion death occu	urred on the dote
must releas ccide a hos	al must	23A. SIGNATUR	Falman	J. Ag.	M.D. Atte	ending Med.	Stolf D	23B. DATE SIGN	1, 1945
certificate body was r vs. (1) An a D.O.A. at assed prior	BAOJdd B	23C. PHYSICIAN NAME (Typ	ZALMAN ATION, 24B. DATE	S. Agu	M.D.	Uni	Dersity to	SPITAL WILL SHIP	y) (Stote)
This certi the body shows: (1) was D.O.	0	burial A. DATE REC'D B	ecily)		aine Pk.	25C, FUNERAL D	Belto 7 Ma	(City, town, or count	DRESS (Stole)
This the k show was dece		150-REV. 1/1/65	CT 4 1965	Rest E	StalleyMA	Wiszka F.	D5 4101	- long	idsole



USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) (If outside city limits, write RURAL and give township) ff Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ITALY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)ond that In(my) (our) opinion death occurred on the date written approval town, or county shows: Was ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

Domenuch Donorgan Maryland Bultimere LE Maryland General Harpital 6724 German Hill K M Murrail 11-27-80 76 TIGELY Santa ! Anthony Benvegina -troks Cancer hand of percouns Vigundur The Thersteinson 903 Hettingham Rd Palis



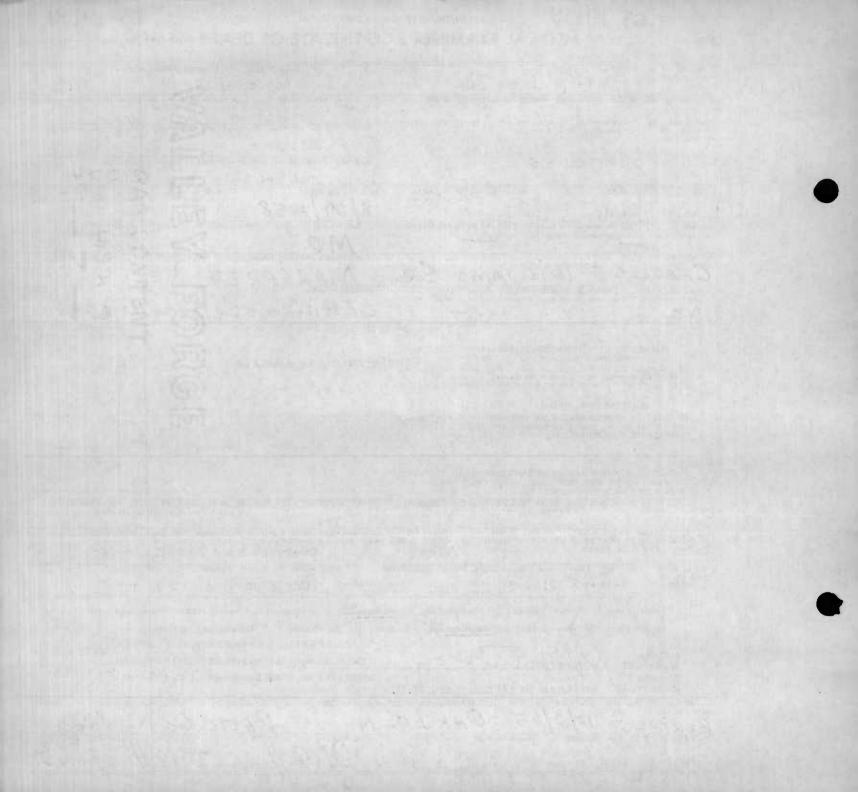
24C. FUNERAL DIRECTOR

BURIAL

VS 151-REV. 1/1/65

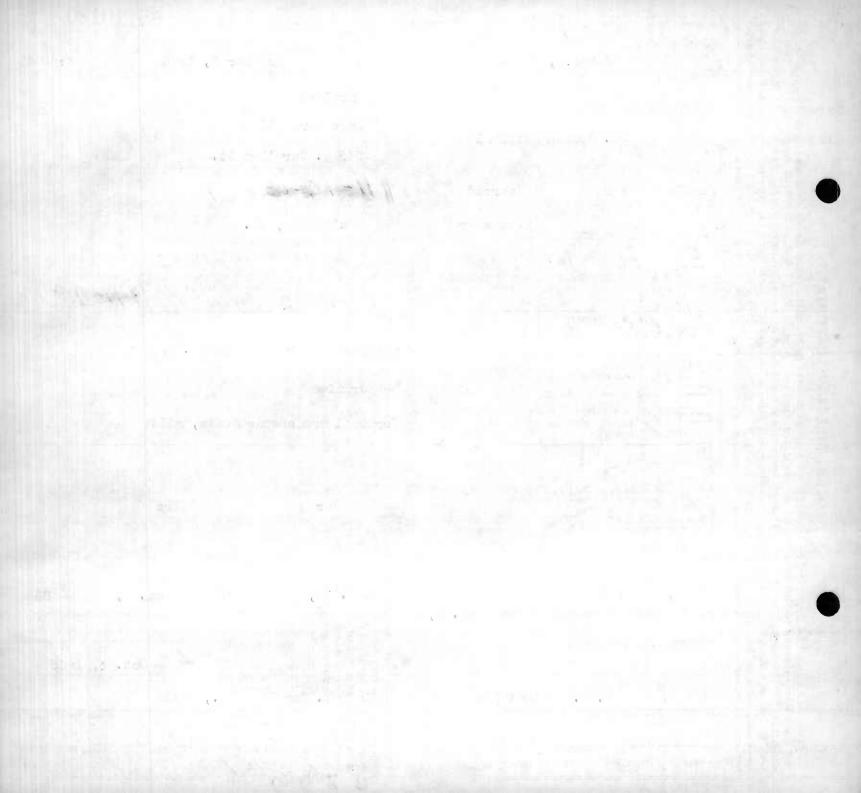
24A. DATE REC'D BY HEALTH DEPT.

248 NAME OF REGISTRAR



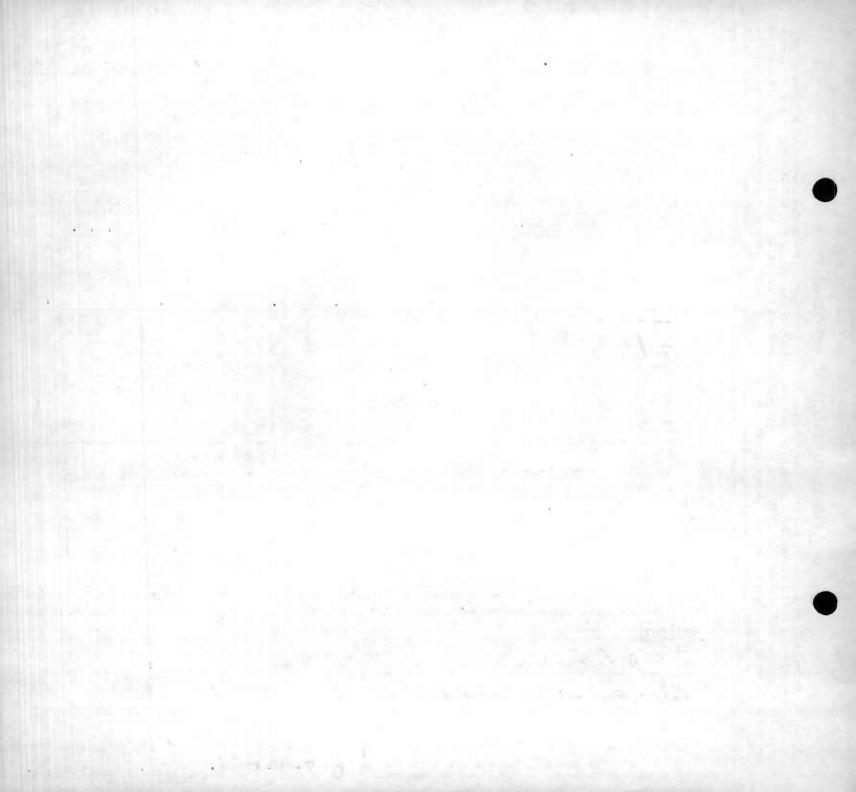
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FUNERAL DIRECTOR:



IMPORTANT

FUNERAL DIRECTOR:



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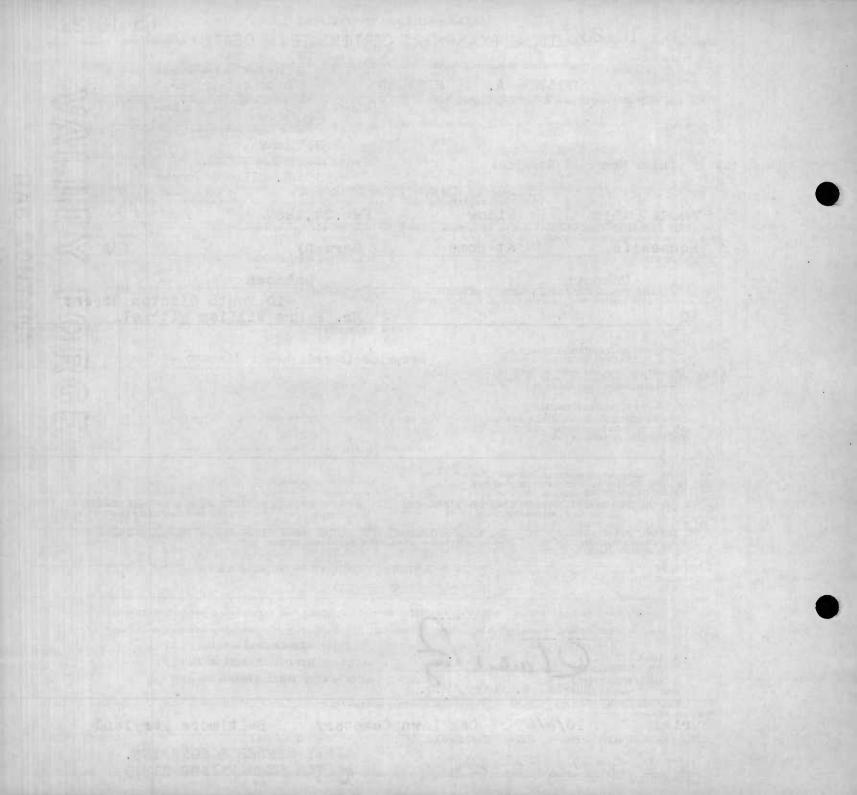
65 10122 AFDICAL EVA

BIRTH NO.	MEDI	CALEX	CAMINER'S CI	ERTIFICATE	OF DEATH Registe	ered Na				
M.E. CASE NO.	CEACED			16 -	ATT AND HOLE BOOKS	SD DEAD				
1. NAME OF DE	CEASED			2. DA	ATE AND HOUR PRONOUNCE	117 (10				
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOL	KELLER INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE 8. COUNTY						
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN	nd If outside corporate fimits, writ	e RURAL and give township)				
つつ				Baltimore D. STREET ADDRESS (If rurol, give locotion)						
3/	Mercy Hospi	tal				2834 E. Baltimo ne				
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.				
male	white	Sis	DIVORCED (specify)	6/5/1943	lost birthdoy)	Months Doys Hours Min.				
	Working life, even if retired)	IUR KIND OI	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?				
Driver.		Brec	rd	Baltimore 14. MOTHER'S MAIDEN	2, Maryland	U. J. 11.				
	cis Keller				ine Pinchasik					
Yes no or unknown	ED EVER IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
yes	1967 - 19	11	217-40-711	John Kel	Llen 5105 Ivani	we Avenue				
18.	16.16.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH				
DISEA	SE OR CONDITION DI	RECTLY	Cmo	niocerebral	ว่าวว่าเวาสา	ONSET AND DEATH				
(This does	LEADING TO DEATH not meen the mode of		(A)	MTOCELEDIAT	TII					
heort foilure	, osthenio, etc. It meons mplication which coused o	the disease,	DOE 10							
	NITE CENTRE CALLER									
	OR CONDITIONS, IF A		(8)DUE TO							
	IE ABOVE CAUSE (A) ST	ATING THE								
			(C)							
Ĕ	II .				Mary State					
O THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T		•••••						
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	yes (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
ZIA, EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21C. WHERE	DID (If in Boftimore City, g	ive exact facation)				
Underlying Uning Cau	SE OF DEATH.	etc.)	street	Pratt and Calvert St. 4-0/						
21 D TIME OF INJURY	(Month) (Doy) (Year	(Hour) 2	TE INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX.)	10 1 65 5	:56 a V	VHILE AT NOT	WHILE X driver	in auto-auto co	ollision				
22. I cer										
resul	Ited fram: Natural cas	uses A	Accident Suicid	e Hamicide	Undetermined mann	er				
	CHIEF MEDICAL EXAMINER C									
SIGNAT		~ h	- 90 M.D.	ASSISTANT MEDICAL EXAMINER						
EXAMIN	NER'S Werner	J. Spit:		ASSOCIATE MEDIC	CAL EXAMINER	10/1/65				
NAME (23	C. NAME of CEMETERY o	r CREMATORY	23D. LOCATION (City	, town, or county) (State)				
REMOVAL (Specif		1-01-			0 1	41 / 1				
Burial 24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	Baltimore 1	24C. FUNERAL DE	RECTOR Baltimore,	ADDRESS				
					lange 9- 200	0 0 0 1				

AND SERVICE AND ASSESSED ASSESSED.

BALTIMORE CITY HEALTH DEPARTMENT

	TH NO.	TOTOMED	ICAL EX	KAMINER'S CI	RIFICAL	E OF I	DEATH Register	red Na		
1.	E CASE NO.	EASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD		
(Ту	pe or Print)	EMEL	IE A.	WISWEDEL			er 1, 1965		4:45	
		MORE, MARYLAND, V			A. STATE		deceosed lived. If insti B. COU	tution: resi NTY	dence before	e odmission)
HC	SPITAL OR	ADDRESS OR LOC		UTION, GIVE STREET		N (If outside Ltimore	e corporote limits, write	RURALO	nd give tow	nship)
1	Union	n Memorial H	ospital		D. STREET ADDR		give locotion) 1wood Avenue	2	, wit	Mag
5. 3	Female	6.RACE White		NEVER MARRIED DIVORCED (specify)	Feb. 24,		9. AGE (In years lost birthday)		Doys Ho	nder 24 Hrs. urs Min.
10.4				F BUSINESS OR INDUSTRY			1	12. CITIZ		-
don	done during most of working lile, even if refired) Housewife at Home				Cenmon	¥r			T COUNTR	Y?
13.	FATHER'S NAM		au.	nome	German			0;	SA	
		Unlengen			TI	nlen eren				
15.	WAS DECEASE	Unknown D EVER IN U.S. ARME	D FORCES?	16. SO CIAL	17. INFORMANT	nknowr		ADDRESS		
		(If yes, give wor or dot		SECURITY NO.			South Clin	ton s	Stree	t
	18.	0.0.		CAUSE	OF DEATH				INTERVAL	BETWEEN
	DISEAS	E OR CONDITION D	IRECTLY					0.80	ONSEL AL	ND DEATH
		LEADING TO DEAT	Н	(A)	osclerotic	heart	dise z se			
	heart failure,	ot mean the mode o osthenio, etc. It meon aplication which coused	s the diseose,	DUE TO						
	A	NTECENDENT CAUS	ES	(2)						
	DISEASES (OR CONDITIONS, IF	ANY, GIVING	DUE TO		• • • • • • • • • • • • • • • • • • • •			~~	••••••
		G CONDITION LAST.								
O				(C)				•••••••		************
CERTIFICATION	TO THE	II HIFICANT CONDITIONS DEATH BUT NOT RI E CONDITION CAUSIN	ELATED TO T	NG THE					**************	
CERT	19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY?		20B. IF YES, WERE FIN			
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?									
2	OF INJURY (APPROX.)	(Month) (Doy) (Yes	\	WHILE AT NOT NORK	WHILE	M DID INT	JRY OCCUR?			
	22. I cert									
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner									
W			/	. /		DICAL EX			DATE	SIGNED
	SIGNATI		alles	1 / Cly M.D.	ASSISTANT ME	DICAL EX	AMINER X			
	EXAMIN NAME (1	ER'S Charle	s S. Pet	ty, M.B.	ASSOCIATE MI	EDICAL EX	(AMINER [10/.	2/65
	BURIAL CREA		23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	town, or	county)	(Stote)
E	MOVAL (Specify	10/4		Oak Lawn Ce	emetery	Ва	ltimore Ma	aryle	and	
24/	A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERA		ND 0 6		ADDRESS	
	OCT A	1965 00	R. C. F	2. Overthan			CR & SONS			
VS	151-REV. 1/1/6	1300 ([[]	71 -0, 70		THALTE	MORE	IARYLAND 2:	1213		

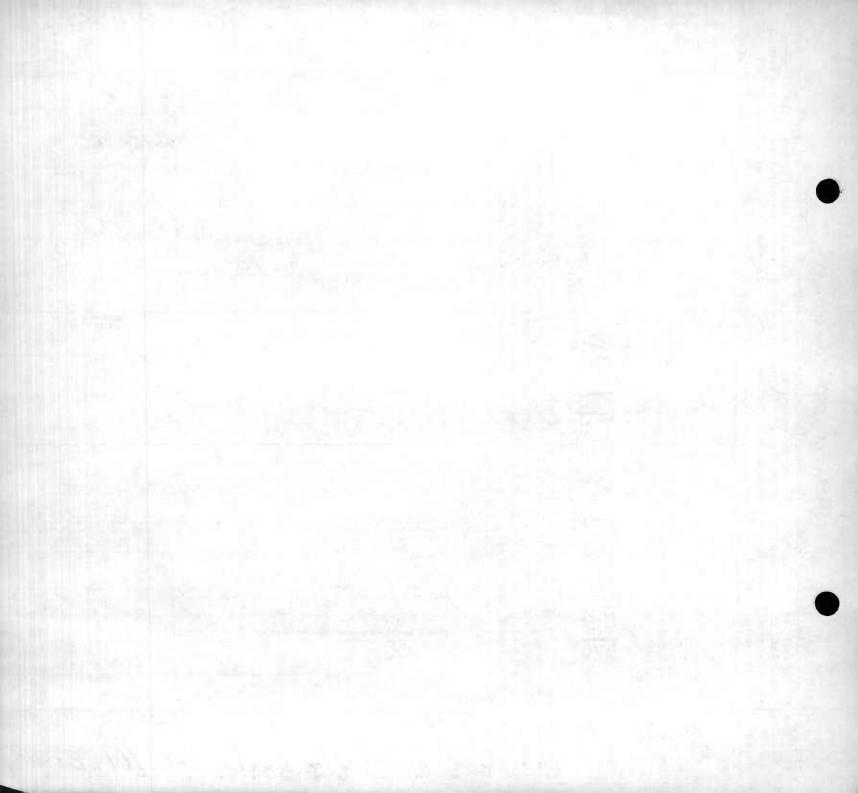


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IMPORTAN

DIRECTOR:

FUNERAL



MEDICAL	EVALABLEDIC	CERTIFICATE	05	DEATILE	65	4040
MEDICAL	EXAMINER 5	CERTIFICATE	OF	DEA IH Register	ed No	1116

BIRTH NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFICAT	TE OF	DEATH Registe	red No. 11126			
M.E. CASE NO.										
1. NAME OF DE	CEASED	JAMES	H. WILSON	T	2. DATE AN	10/1/65				
3 PLACE IN RAI	TIMORE, MARYLAND, WI			A LISTIAL DESID	ENCE /Whom	deceased lived It inst	itution residence before admission			
S. FLACE III BAL	MINIORE INTAKIERIND, WI	HERE PRONOC	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE Maryland						
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)						
HOSPITAL OR	ADDIESO ON LOOK			Baltimore 3-04						
7				D. STREET ADD			20			
20	715 Parkwood A	NA CONTRACTOR				rkwood Ave.				
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.			
mala	colored	Marr	DIVORCED (specify)	Nov. 18	1000	lost birthdoyl	Months Doys Hours Min.			
male			BUSINESS OR INDUSTRY		,		12. CITIZEN OF			
dane during most of	working life, even if retired)			Man	-1 2		WHAT COUNTRY?			
13. FATHER'S NAM	A E			14. MOTHER'S M	yland	E	U.S.A.			
John	Wilson			47.4	00 Mb					
15. WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	ce Tho	Bunds	ADDRESS			
Yes, no or unknown	(If yes, give wor ar dote:	s of service)	SECURITY NO.	Mondo IM	41	#201 F D				
					TISON	~2915 Par.	kwood Ave.			
1B. / 5	3.8 1		CAUSE	OF DEATH			ONSET AND DEATH			
DISEA	SE OR CONDITION DIE	RECTLY								
(This daes	nat mean the mode of asthenia, etc. It means	dying, e.g.,	(A) Metast	etic carci	inoma o	f colon				
heart failure injury or co	, asthenia, etc. It means mplication which caused o	the disease. leath.)	200.10							
	NITECENIOENT CAUCE				100					
	OR CONDITIONS, IF A		(B)DUE TO	•	**************					
RISE TO TH	E ABOVE CAUSE (A) ST		500.10							
			(C)							
E .	ll l	3216								
OTHER SIG	DEATH BUT NOT REL						10 36 10 10			
E DISEASE O	R CONDITION CAUSING	IT.								
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or Na)	IN CERTIFYING CAUS				
	L CANEE WAS	lana		no						
UNDERLYING	CAUSE WAS OR CONTRIB-	hame, etc.)	PLACE OF INJURY (e.g., farm, factory, street, a	ffice bldg., INJURY	OCCUR?	(If in Boltimare City, gi	ve exact location)			
E 21D TIME	(Manth) (Day) (Year)	(Haur) 2	1E. INJURY OCCURRED	21 F. H.C	OW DID INJ	URY OCCUR?				
OF INJURY (APPROX.)		v		WHILE ORK						
22.	tify that I held an Ir				d that on th	is basis, death in m	ny apinlon			
resu	ted fram: Natural cau	ses X A	coldent Suicide	Homici	de	Undetermined manne	er 🗌			
	1		11	CHIEF M	EDICAL EX	AMINER [
ACTUA		W. 9		ASSISTANT M			DATE SIGNED			
SIGNAT		19	~ 3	ASSOCIATE M			10/1/65			
NAME (ner U./	Spitz, M.D.	ASSOCIATE M	LUIONE L.					
23A. BURIAL CRE	MATION, 23B. DATE	230	C. NAME of CEMETERY .	CREMATORY	23D. L	OCATION (City,	, town, or county) (Slote)			
REMOVAL (Specif Burial	10-6-	65	Lincoln Mem	Com		Cust to land	Wa			
	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	Suiteland,	ADDRESS			
OCT 4	1965 (Role)		Laber A.M	den	e A	Kla 13	48 N. C.M.			
VS 151-REV. 1/1/	65	Į.	5 5 5	7	70, 72	poor jo	Oll and the			

309. 18, 1907

Marie Wilson "2915 Parkwood Ave.

Tuberculous Perstonitis Comment Travelucment Cholokthions Chale Inthionis John J. CONROS S Butto. Gen. Hosp

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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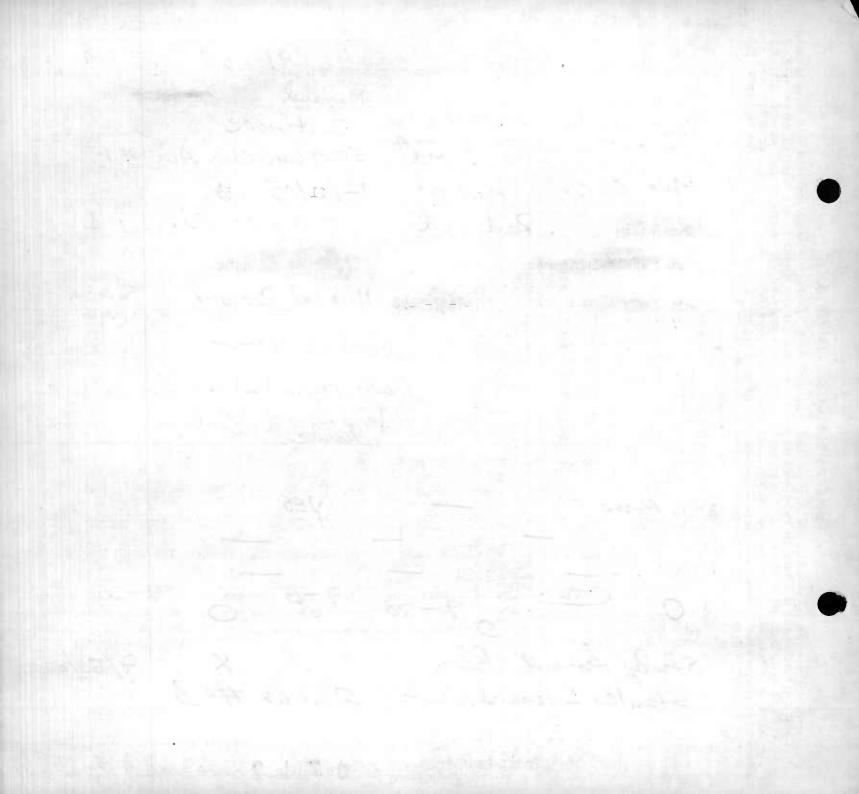
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

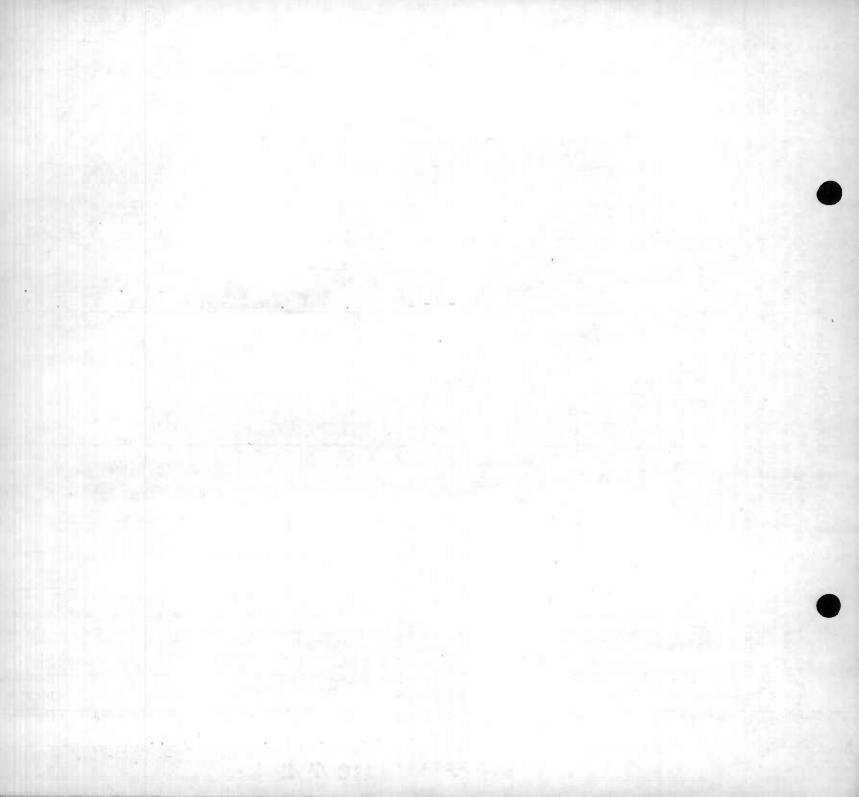
		65 101	30	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH		p3 101	00	CERTIFICA	TE OF DEATH	Registered Na	65 10130
1. NA/	CASE NO. ME OF DECEASE or Print)	Strin H. T	3ake	1	2. DATE A	NO HOUR OF DEATH	100 PM
3. PL/	ACE OF DEATH	IN BALTIMORE, MA			4. USUAL RESIDENCE (WH	ere deceased lived. If inst	itution: residence before admission)
НО	LL NAME OF DSPITAL OR STITUTION	(If not in hospital oddress or location	1)		Marjanel	utside city limits, write RU	IRAL ond give township)
5	Siver H	Cospital	of Bul	timore inc.	Baltinic	one.	
		leve of		Spring Ave	5009 Card	rurol, give locotion)	#15
5. SEX	Male 6. R	Couc.		NEVER MARRIED, DIVORCED (specify)	12/21/05	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	during most of working	ION (Give kind of work	1	BUSINESS OR INDUSTRY	11. BIRTH ACE State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	Carpenter ATHERS NAME	- ;	Macco	70,000	14. MOTHER'S MAIDEN NA	IME	VJA.
		istian Bek			- VI	Eppers , 1.	
(Yes, n	os Deceosed Ever	in U. S. Armed For es, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	HOSPITAL P	ecord	Sune as #3
18	H20.1	1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE O	R CONDITION DIE	RECTLY	/	Tarliaic Ar	noct	8/1000
	This does not n	neon the mode of		DUE TO	area la C 171	7.52	
		enio, elc. Il meons Dion which coused		0.	10 M O	il ladant	17/
	ANTI	ECEDENT CAUSES		DUE TO	et lysaice	ect in jay ci	
ri		CONDITIONS, if bove couse (A) ONDITION lost.		(c) Arc	eno sclerati	i Gerdraus	sudar 20 yrs
211	TO THE DEATH	II NT CONDITIONS C H BUT NOT RELA IDITION CAUSING I	TED TO THE		() as parallel		
4.4	PA. DATE OF OPE		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes of N	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
_ 0		AS UNDERLYING	21B. hometc.)	e, form, foctory, street, o	n or obout 21 C WHERE DID	(If in Boltimore	City, give exact location)
MEDI	ID. TIME (Mo F INJURY APPROX.)	onth) (Doy) (Year)		INJURY OCCURRED		JURY OCCUR?	
2:	2. I cartify that	.19 65_ta	7-30 1965.				
		saw the decease		7-30			on death accurred an the date
		m the causes sta	red above (1)	(We) (did) (did nat)	view the bady after death.		
23	3A. SIGNATURE	1	0 1	20 M.D. ATT	ending Med. S. Director	Stoff 🗸	23B. DATE SIGNED
23	3C. PHYSICIANS NAME (Type)	Leman	el l		23D. ADDRESS	Phys.	7.630/63
244	Stan BURIAL CREMAT	ley Le	enuro	ME of CEMETERY OF CR	Suneas	H 3	, town, or county) (Stote)
2401	REMOVAL (Specia	fy)				totalion (city,	, town, or county) (Stote)
2\$A.	Burial DATE REC'D BY	10/5/19	258. NAME O	Goodlawn Cemet	2SC. FUNERAL DIRECTO	odlawn, Md.	ADDRESS / , *
20010	OCT 4	1965 Role	B8, F	arbey MA O	oum Z. Te	Aner's long	Balti pala
VC 15	O-PEV 1/1/65						



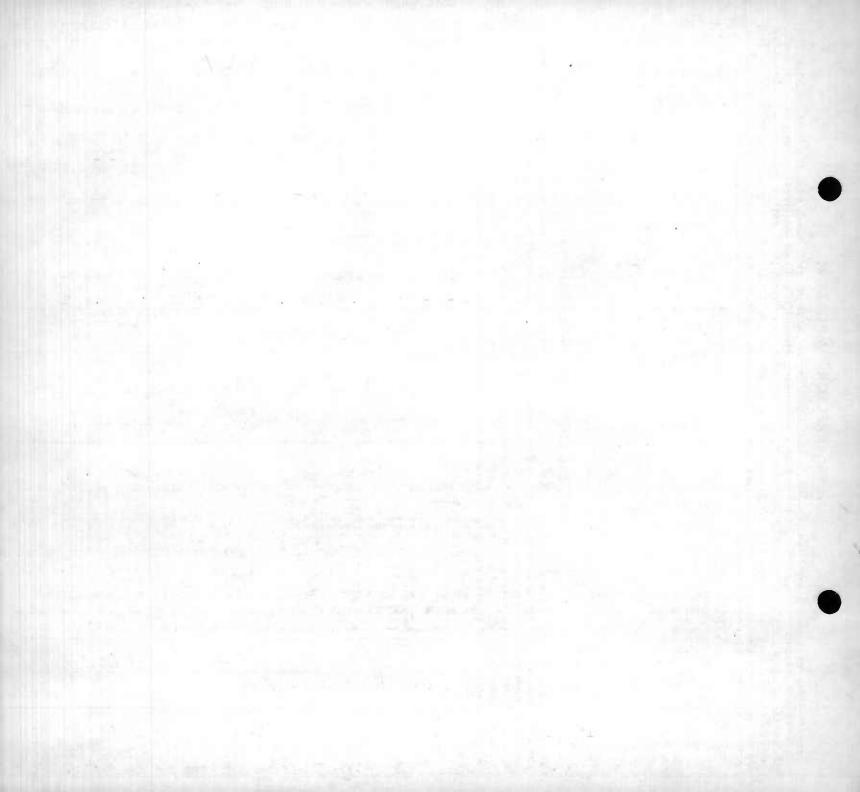
VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CITY	HEALTH DEPARTMENT	65 10132		
		10132	CERTIFICA	TE OF DEATH Re	gistered No. OU LULUE		
1, NA	CASE NO.		1	2, DATE AND HO			
(Туре	or Print)	a Non M	. han askhmi	1.1- 10/2/	65. 2 15 pm.	AA	
3. PL	ACE OF DEATH IN BAL	TIMORE, MARYLAND		4. USUAL RESIDENCE (Where dece	osed lived. If Institution: residence before odr	nission)	
				A. STATE B. COUNTY	28-111		
H	OSPITAL OR odde	ot in hospital or instit ess or location)	ution, give street	C. CITY OR TOWN Ill outside ci	y limits, write RURAL and give township)		
tN	STITUTION			0	y illins, while KOKAL one give lownship		
4	Bon Se	cours Hospi	tal	D. STREET ADDRESS (If rurol, gi	ve location)		
1					+ P 1 20		
5. SE	X 6. RACE	17. MA	RRIED, NEVER MARRIED		mont Koad 29	24 Hzs	
	F W		OWED, DIVORCED (specify)	2-19-11 lost bir		Min.	
I An		ive kind of work TOR KIL	Married	11. BIRTHPLACE (State or foreign cou	34		
	during most of working life,		AD OF BUSINESS ON HADUSIN	1/1 /	12. CITIZEN OF WHAT COUNTRY?		
	Housewife			Maryland	UPA		
13. F.	ATHER'S NAME			14. MOTHER'S MAIDEN NAME			
	1 amac	5.MeD	mald	Beulah McC			
15. W	os Deceosed Ever in U.	S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS		
(Yes,	no or unknown) (It yes, giv	e wor or doles of ser	vice) SECURITY NO.	<i>(</i> : '	108 S. Tremont	Rd.	
		one	220-24-7166	Mr. Fred W. Langso		29	
1	B. 170 X		CAUSE O	F DEATH	INTERVAL BETWEI		
		TO DEATH		1. A. A. A. Den	21/		
	(This does not mean t		e.q., DUE TO	merassane cosus	noma. 2 yrs.		
	heart failure, asthenia, (itc. Il means the dis					
	injury or camplication which caused death,)						
	ANTECEDE	NT CAUSES	DUE TO	Q.C. CC.	16		
	DISEASES OR COND			Tarinally step			
	rise to the abave UNDERLYING CONDIT		the (C) //	an cert care	S. t. 16 to co		
+	a left what						
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
ATIO	TO THE DEATH BU	T NOT RELATED T	O THE				
2 1	9A. DATE OF OPERATIO	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED		
ERTIFICATION	0	WAS PERFORMED		IN C	ERTIFYING CAUSES OF DEATH?		
U 2	TA ACCIDENT WAS U	DERLYING -	21 B. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Baltimore City, give exact tocotion)		
4 C	OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO		home, form, foctory, street, o	fice bldg., INJURY OCCUR?			
200	PID. TIME (Month)	Doy) (Year) (Hour)	21E, INJURY OCCURRED	OTE HOW DID IN HIS O	G G 11 P2		
N C	OF INJURY	Doys (1eon (1100n	While At Not Whil	21F. HOW DID INJURY O	CCUR?		
- 10	APPROX.)		Work At Work				
2	2. I certify that (1) (1	his hospital) atten	ded the deceased from	9-17 1965	10 10 - 2 19	65	
1	hot (1) (Ne) last sow	the deceased alive	on 10 - 2	1 -	ny) (our) apinion death occurred on th	ne dote	
			ve. (1) (Ne) (did) (did_not) v		my, (see, spinnen adam accorded on in	10 0010	
	3A. SIGNATURE	Cooses stoled opp	ves (i) (ine) (ala) (ala noi) v	tew the body offer death.	23B, DATE SIGNED		
	Rain	a 1/2.10	LT. M.D. AH	ending Med. Stoff	/ /	1,	
	Typh	7 cracie		s. Director Phys.	9 10/9-/196	1,	
2	NAME (Type)			23D. ADDRESS	14000	. tm /	
	13.	H.	KIM M.D.	BON S'ECOURS	MOSPITAL BALTIM	OKE, M	
24A.	BURIAL CREMATION. 2 REMOVAL (Specity)	4B. DATE 2	4C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATIO	(City, town, or county)	Stote)	
		10/6/1065	Mandaumi dae Ma	in Di- C	M		
25A.	Burial DATE REC'D BY HEALTI	1 DEPT. 25B. NA	Meadowridge Memor	25C. FUNERAL DIRECTOR	orsey, Md.	12	
0	OCT 4 1965	00 BC	FAR. AN CO	0716 #372 2 ·	Bors north spie ave	[. /	
VC 31	50-PEV 1/1/65	Clober Of C.	ST CTATAGE STATE OF THE STATE O	on freemant	ions hoursta. al	0.	



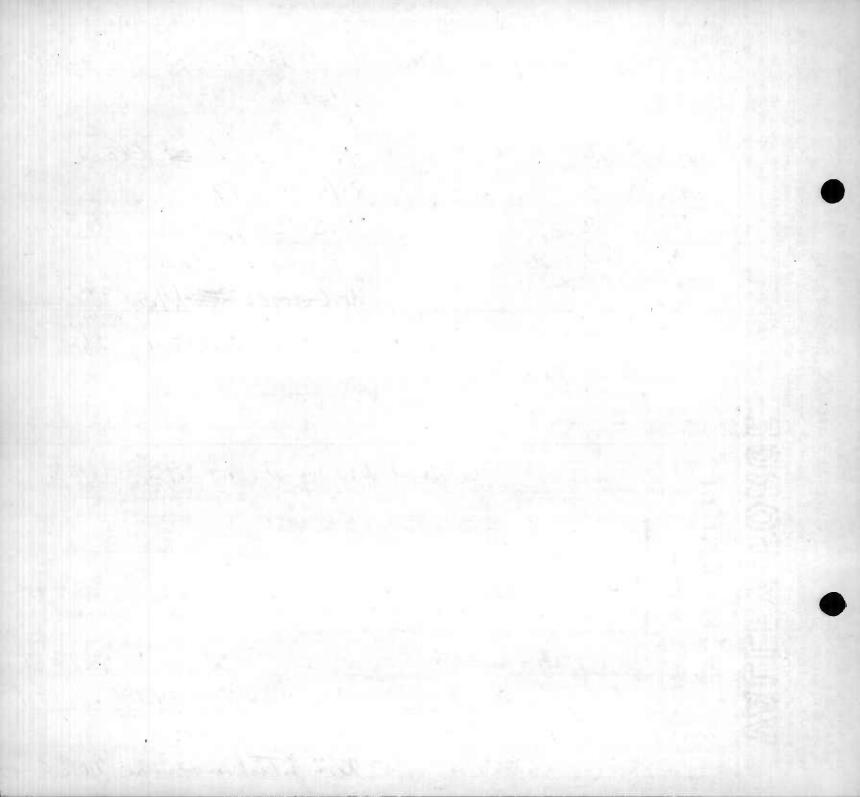
M.E. CASE NO.			CERTIFICA				65 10133	
Type or Print)	CEASED				2, DATE A	ND HOUR OF DEATH		4
. PLACE OF DE	ATH IN BALTIMORE M	ARYLAND		Ha Hellal Bre	IDENCE (WIL	10/3/65	institution: residence before	A
, PLACE OF DE	ATH IN BALTIMORE, M.	AKILAND		A. STATE	B. COU	NTY	institution: residence before	odmissi
FULL NAME			give street	Mary	yland		5-38	
HOSPITAL OR	oddress or location	on)		C. CITY OR TO	OWN (It o	utside city limits, write	RURAL and give township	0)
7	Sinai Hospita	n]		Baltimore				
	DIMAT MOSPIL	a.L		D. STREET AD		rurol, give location)		
						iew Avenue	21216	
. SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BI	RTH	9. AGE (In years lost birthdoy)	Months Doys Hours	der 24 H
Female	White	Wi	.dowed	June 3,	1884	81		
			F BUSINESS OR INDUSTRY	11. BIRTHPLAC		eign country)	12. CITIZEN OF WHAT COUNTRY	,
Asst. Se	working life, even if retired) cretary			Penr	nsylvan:	ia	WHAT COUNTRY	
3. FATHER'S NA		1		14. MOTHER'S				
Harry S		4						
5. Wos Deceosed les, no or unknow	d Ever in U. S. Armed Fo	tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T	15 D	unkirk Hoad	
No	None		213-36-5705	Mr. Olis	rer S. T	ronek Balti	more. Md.	12
1B. //	70			F DEATH	4 0 1	1011011 2420	INTERVAL BET	
7	SE OR CONDITION D	IBECTIV					ONSET AND	
DISEA	LEADING TO DEATH			ASC	THU			
(This daes	not mean the made a	dying, e.g.,	DUE TO	/100	0) ;	<i></i>		
heart failure,	asthenia, etc. It mean	s the disease,						
injuly or cal	mplication which cause			MT	- 1	0 2		
ANTECEDENT CAUSES DUE TO								
	DISEASES OR CONDITIONS, il any, giving							
rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.						*****		
01102112111								
OTHER SIGN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE D	EATH BUT NOT REL	ATED TO TH		None				
DISEASE OR	F OPERATION 198. CO		WHICH OPERATION	120 A ALLTON	SY? (Yes or N	O 208 IF VES WEDE	FINDINGS CONSIDERED	
19A. DATE O		RFORMED	THE OTERATION	7) (105 OF 14		AUSES OF DEATH?	
1 214 4 5 5 15 1	WAS HINDER VINE	1010	DI ACE OF INTURY	a or about 21.5 to	WHERE DID	() E !- B -1-!	- City day at 1	- \
OR CONTRIB	NT WAS UNDERLYING	hon	PLACE OF INJURY (e.g., ine, form, foctory, street, o	ffice bldg., INJUI	RY OCCUR?	ut in Bothmo	ore City, give exoct locotio	n/
DEATH (notify	y medicol exominer)	None etc.	.)					
21D. TIME	(Month) (Doy) (Yeor) (Hour) 21E	. INJURY OCCURRED	21 F. H	OW DID IN	JURY OCCUR?		
OF INJURY			nile At Not Whi					
		Wo	ork					
22. 1 certify	that (1) (this hospita	al) attended t	he deceased fram		2	19 65 to 1	D C 7 3	1965
that (1) (we) last saw the deceas	sed alive an	Det 3,66!	1965	and t	hat in (my) (aur) ap	oinion death accurred a	in the
			I) (We) (did) (did not)	riew the body				
23A. SIGN AT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The body	c.ioi dedilli		23 B. DATE SIGNED		
	M.D. Atte				Med.	Stott	10/3	
		melfanl	Phy	s	Director	Phys.	1-1-3	
23 C. PHYSICIA NAME (ANS Type)			23D. ADDRESS				
		1	M.D.					
	MATION, 248 DATE	24C. N	AME of CEMETERY of CR	EMATORY	24D. I	LOCATION (City, town, or county)	(Stote
REMOVAL								
Burial	/-/-		ruid Ridge Cer			ikesville, A		
SA. DATE REC'E	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNER	AL DIRECTO	R	Ralto. MORESS.	212
OCT 4	1965 120 6	HE STA	Court O O	a Win. to	Vorha	ner & Som	Balts., mil.	any
S 150-REV. 1/1/	65			0 1	C: C	-		



IMPORTANT FUNERAL DIRECTOR: hospital

death

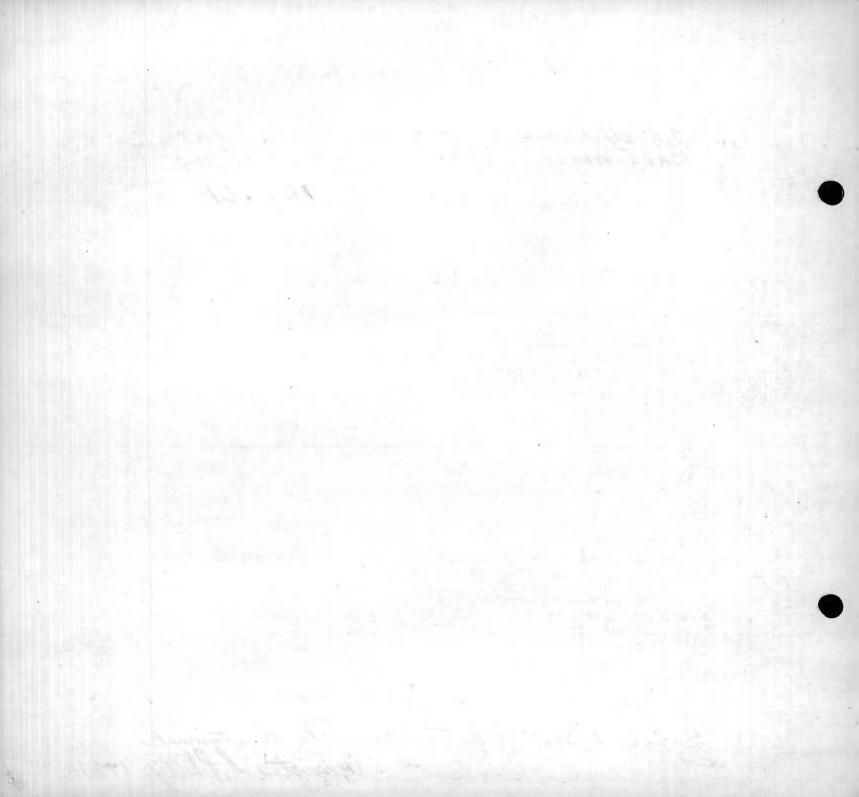
BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH institution; residence before (If outside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF 59/2 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that A (this haspital) attended the deceased from 7/30 PM 1.0cf 1965 to 8:24 PM 'LS PM 1- Uct 19 65 and that in my (our) apinion deoth accurred an the date (City, town, or county) ADDRESS VS 150-REV, 1/1/65



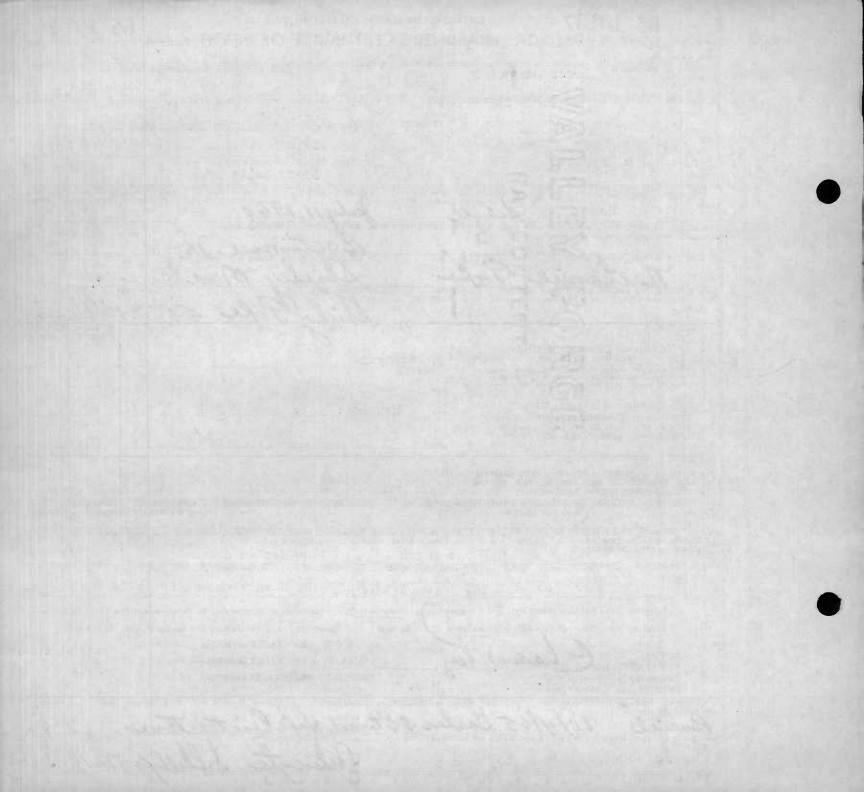
1000	65 101	25	BALTIMORE CITY	HEALTH DEPARTMENT		- 1010-
BIRTH NO.	OO TOI	UU	CERTIFICA	TE OF DEATH	Registered No.6	10135
M.E. CASE NO			G_1(11) 1G/	lo DATE AL	ND HOUR OF DEATH	
(Type or Print)		McDo	nnell	2. DATE A	10-1-65	7:15 PM
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		A. STATE B. COU	ere deceased lived. If insti	tution: residence before admission)
FULL NAM	E OF (If not in haspital OR address or lacation	ar institution, give	street	C. CITY OR TOWN (If a)		
INSTITUTION	land Gen	/ L	lasaital	Raltinore	utside city limits, write RU	KAL and give township)
MAFU	grand wen	ieral 11	o sp. i.e.	D. STREET ADDRESS (IF	rural, give location)	
				Mt. Royal	+ CalverT	57.
S. SEX	6. RACE	7. MARRIED, NE	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
A LAURI O	CCUPATION (Give kind of work	Wide		5-23 - 75	90	12 CITYEN OF
	at of working life, even if retired)			Mary land	eigh country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	B & O R.R. Ret.	Railro	ad	14. MOTHER'S MAIDEN NA	AAE	U.S.A.
	Michael Mc Donn	11				
	MICHAEL MC DONN		SOCIAL	17. INFORMANT	ary Hart	ADDRESS
Yes, no or unkni	awn) (If yes, give war ar dote	es al service)	SECURITY NO.			AUDRESS
18.			CAUSE O	Patient		INTERVAL PETWEEN
1	EASE OR CONDITION DIE	PECTI V		٨		ONSET AND DEATH
0.0	LEADING TO DEATH	NEC IEI	(A) PS	eudomonus	Septicemia	Week
	s nat mean the made al are, asthenia, etc. It means		DUETO			, ,
	camplication which caused	death.)	M.I.	intrition + De	hydration	Sev. month
	ANTECEDENT CAUSES		DUE TO			× 1
rise la	OR CONDITIONS, if the abave cause (A) ING CONDITION last,		(c) Cere	brovascular	Accidents	sev. months
	II .					
	GNIFICANT CONDITIONS CONDEATH BUT NOT RELA					
DISEASE	OR CONDITION CAUSING I		CH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FIN	IDING: CONSIDERED
19A. DATE	WAS PERI		CH OPERATION	No	IN CERTIFYING CAUS	ES OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF atify medical examined	21 B. PLA hame, tetc.)	CE OF INJURY (e.g., i orm, factory, street, o	n or obout 21C. WHERE DID fince bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
OF INJUR			URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		While A Wark	Nat While At Work	e 🗌		
22. 1 cert	rify that (I <u>) (this hospito</u> l	l) attended the d	leceosed from Se	pt. 19	1965 to Oct	1 1965
that (1) (we) last sow the decease	ed olive on	Oct. 1	19 6 5 ond 11	hat in (my) (aur) opinio	an deoth occurred on the date
and hour	ond from the causes stat	ted obove. (1) (W	(e) (did) (dld not) v	lew the bady after death.		
23A. SIGN	ATURE 1	191	11/1	in dia .		38. DATE SIGNED
//.	Muchael.	/ Son	Phy		Stall Phys.	10-1-65
23C. PHYSI NAM	E (Type)	CO. 27. 7		23D. ADDRESS		
AA DIIDIAL	W.Michael		M.D.		1 Hospital	
REMOVA	CREMATION, 248 DATE	- 4	of CEMETERY or CRI	EMATORY 24D. I		town, or caunty) (State)
Buria	C'D BY HEALTH DEPT.		Cathedral	DEC FILMERAL DIRECTO		Baltimore, Md.
OGT	4 1965 1 0	25B. NAME OF R	WAA .	25C. FUNERAL DIRECTO	Vandal Com VI	attle Re Ques
/e 1en. PEV 1	11/65	4 4 4000	X	11 101101161	(1000) 7 -00 Fred . 1/6	one in the contract

BALTIMORE CITY HEALTH DEPARTMENT

Manyland waneral Hospital Bultinere MT. Royal + Calmert ST 8-23-75 bankor Many land PATIENT Pseudomana Suptrama I will Philadertax + Dehydration Six Mari Combinionalin Accidents SOU Mar NO CAT



VS 151-REV. 1/1/65

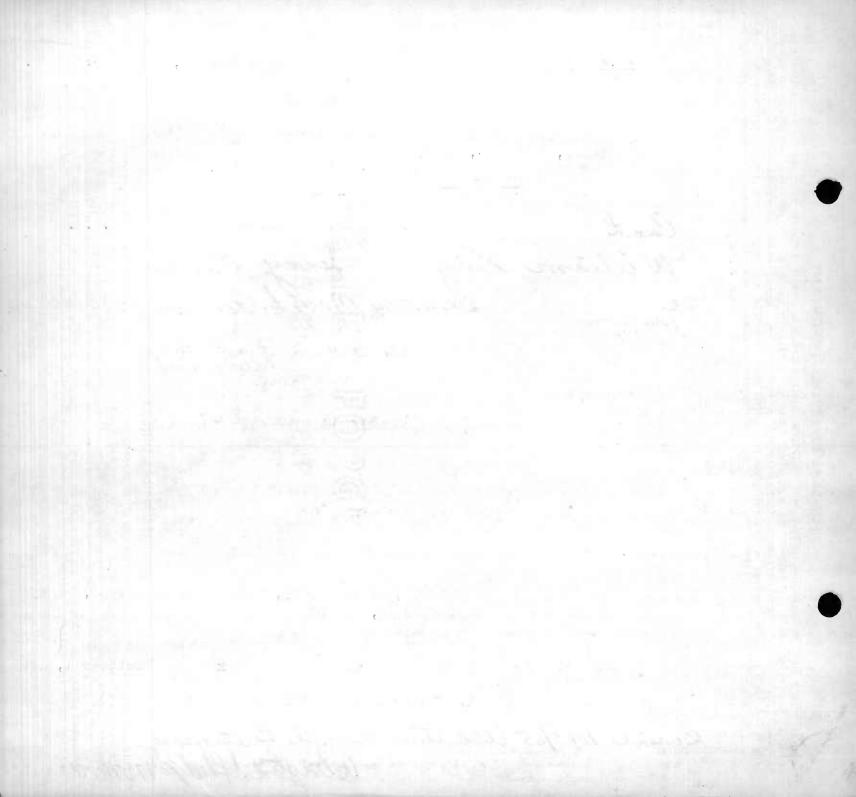


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



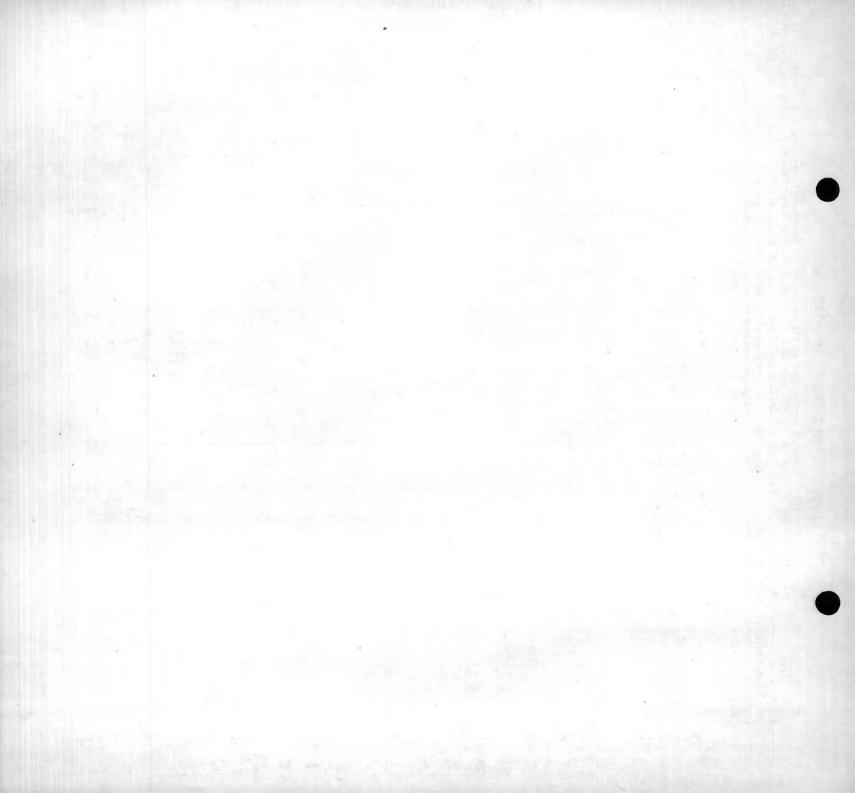
Buttonne 16 Mid Latercon Hory to 1 of Mid. 1704 Dukelone St male Colonia Marend Martit 54 Sales of the Sales Course superity failure Processing 37 , 0/01

md. Saita Colour Majohin Maybelled Battle Brito. 1605 Williams It 07/07/65 Lead mother 1603 4450 Templical Generalia allegal 18 mm Constituting Superior 18 18 Janmagating Manugolis 15 12 syme. 7017 Nort Manumoral Breaunit Cheparino med vilingrished HAMMOND J. DOWN

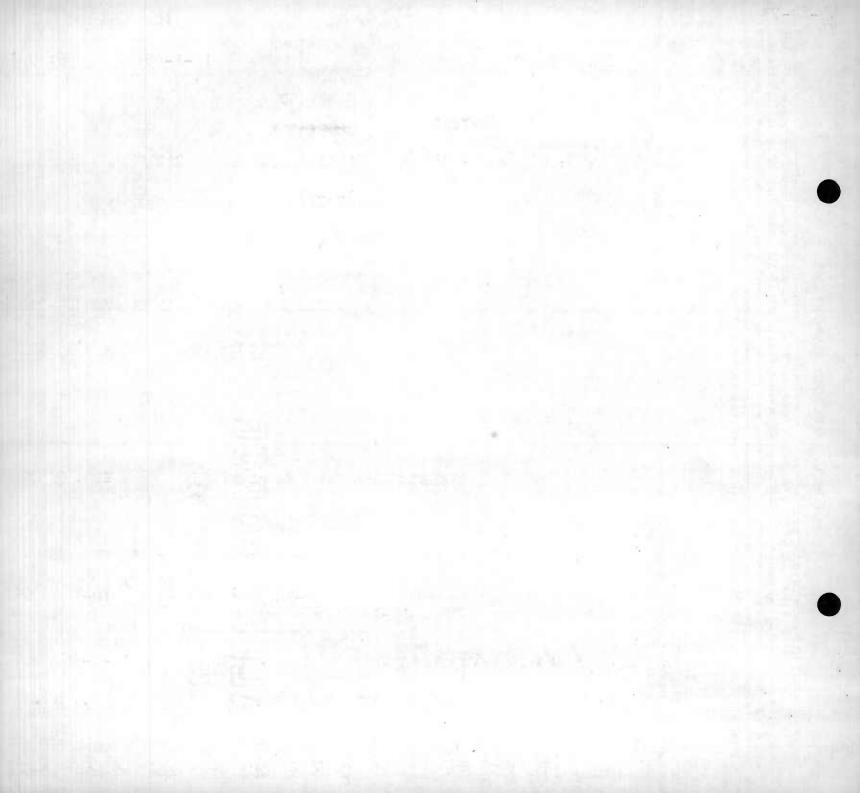
IMPORTAN

FUNERAL DIRECTOR:

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1. N	AME OF DEC		A DE	CERTIFICA			ND HOUR OF DEATH		FalsoA.	
		IDA STEW			Ha Hen	AL BESIDENCE (W/L	10-1-		5:40 M.	
3. 1	TACE OF DEA	TH IN BALTIMORE MA	RILAND		4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY				erore ourmssion)	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)						MARYLAND BALTIMORE C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
1	NSTITUTION	ALTIMORE CI	TY HOST	PTTAL.	C. CIII	le set	4) Pouch	KORAL and give fawl	2)	
1	40	940 EASTERN	AVENU	E	D. SIRE	ADDRESS (rurol, give location)			
		ALTIMORE, M			16	01 J STR	EET 21	219		
5. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)		OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. H	Under 24 Hrs.	
E.	EMALE	NEGRO	WIDOWED,	DIVORCED (specify)	3-	?_93		1410111113		
IOA	USUAL OCCL	JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BTRTI	HPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUN	TRY?	
2011	Hrus					n.e.				
13.	FATHER'S NAN	AE			14. MO	THER'S MAIDEN NA	AME			
		?				7				
5.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFO	DRM-ANT		ADDRESS		
e	A TO OF UNKNOWN	rar yes, give wor or date	S OI SEIVICE!	SECURITY NO.		anna narr	holes Bass	תומות א לו מוח	TE 04001	
_	18.	1V -1 7/	NV	CAUSE	PEC	H BCH	4940 EAST	INTERVAL	BETWEEN	
	DISEAS	E OR CONDITION DI	RECTLY					ONSET AP	ND DEATH	
		LEADING TO DEATH		AMETA	STATI	C CARCI	NOMA OF	4 MC	NTHS	
		ol meon the mode of osthenio, etc. Il meons		DUETO	PANCE	REAS				
	injury or com	aplication which coused	deoth.)					100		
		ANTECEDENT CAUSES		DUE TO	***					
		OR CONDITIONS, if above cause (A)		(C)		***************************************	- 7			
		CONDITION last.	,	()		***************************************				
_		II								
ERTIFICATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	ONTRIBUTING	DT 1 D - M - C - C	(mr r r	TOTTO NATA	DGODDGTOT), 750 0	21 MON	
CA	19A. DATE OF	OPERATION 198. CON	T.	DIABETES I	20A.	AUTOPSY? (Yes or h	O) 20B. IF YES. WERE	FINDINGS CONSIDE	3 MON	
RTIF		OPERATION 198. CON WAS PER	FORMED			MO	IN CERTIFYING C.	AUSES OF DEATH?		
CER	21A. ACCIDEN	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	n or obou	21 C. WHERE DID	(If in Boltimo	ore City, give exact loc	cotion)	
AL	DEATH (notify	medical examiner)	hom e	, rorm, rociory, street, o	ince biag.	, made occor?				
MEDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?			
ME	OF INJURY		Whill	Not Whi	le					
		that (1) (this hospita				0.20	10 65 4-	10 1	1 10 65	
		last saw the decease		10-	•		hat in (my) (aur) ap	oinian aedth accuff	ea an the date	
	and haur and	fram the causes sta	ted abave. (1)	(We) (did) (did nat)	view the	bady after death	•	238. DATE SIGNED		
	A A STONATO	1 NN		75/ M.D. At	ending [Med.	Stoff X	10-1-0		
	1	Mrs I - He	erw?	Ph	23D. ADI	Director	Stoff Phys.	10-1-0		
	NAME (T	ype)	mø.	9					MD	
	NORR.			M.D.	DCH			UE, BALTO.	, MD.	
24/	REMOVAL	MATION, 248. DATE	24C.NA	ME of CEMETERY of CI	EMATORY	24D.	LOCATION	City, town, or county)	(State)	
	Bur	al Wet 5/6	65 m	1. Cal mer	4	Cam G	44.6	tuntes.	ma	
25/	A. DATE REC'D	BY HEALTH DEPT.	258. NAME O	F REGISTRAR	// 25C.	FUNERAL DIRECTO	OR 1 2	ADDR	less O · O-	
	DOT A	THOOK A'S	H. A. 1 46.	A	in the	1/2/2 / 5/2 3/	1111111111111	IINU DIIV.	3 - 1 - 051	
	150-REV. 1/1/	1305 (12 0	R. C. Asia	1000		prepero, a	successor /	127 M. Ca	LICEN SI	

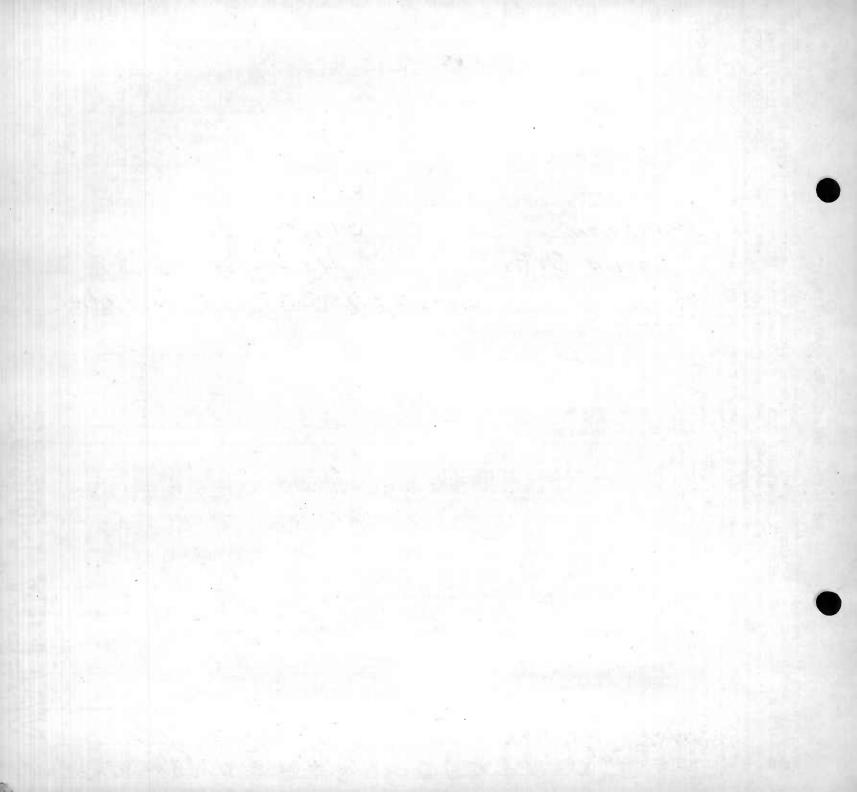


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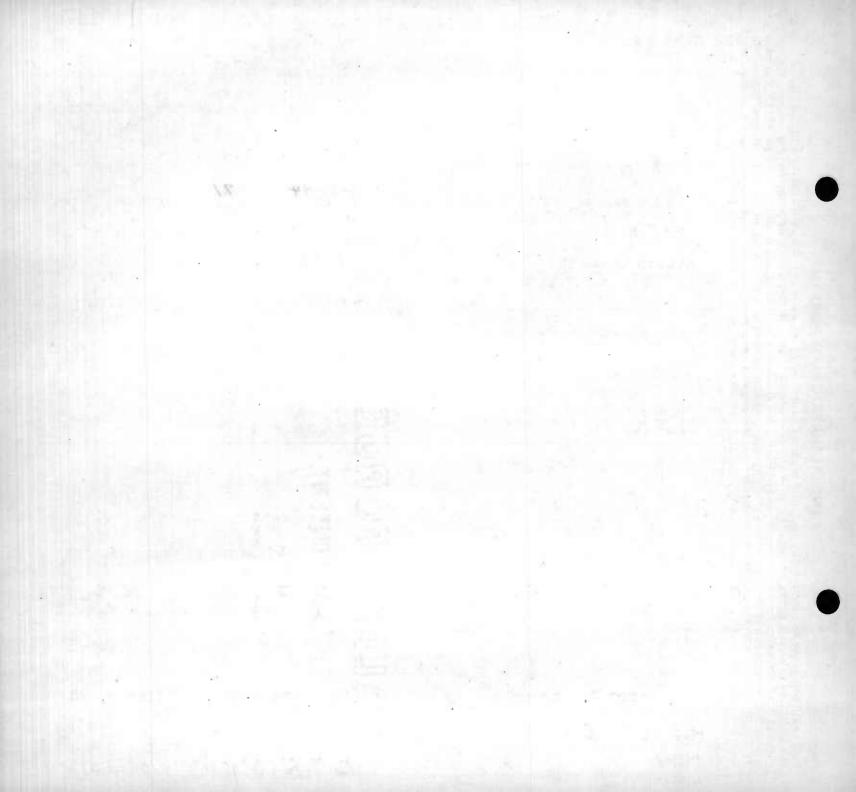
FUNERAL DIRECTOR:

65 10144	BALTIMORE CITY	HEALTH DEPARTMENT		05 40444					
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 10144					
M.E. CASE NO.	CERTIFICA								
Type or Print) OPHELIA OA	kes	2. DATE ANI	BO GEATH	5 11050 AN					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wyer	deceased lived. If in	nstitution: residence before admission)					
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	, give street	C. CITY OR TOWN (If outs	side city limits, write	RURAL ond give township)					
Sutheran Hosp	ital of	Baltimera							
maryland		C12 20	urol, give location)	ane.					
	D, NEVER MARRIED ED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	on country)	12. CITIZEN OF					
done during most of working life, even if retired)		Sumton S	30	WHAT COUNTRY?					
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	NE .						
MarioN Oakos		Ida Eng	lish						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)		17. INFORMANT		ADDRESS					
NO	213-36-1269	1900 Gales &	573 NOVM	and vitre.					
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH					
LEADING TO DEATH	(A) Sep	tur Shock							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,								
ANTECEDENT CAUSES (B)									
DISEASES OR CONDITIONS, if ony, giving	DUE TO								
rise to the obove couse (A) stating th	_	***************************************							
11				7.0					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	NG HE	21							
199. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, offi	or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)					
21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUP?						
OF INJURY	/hile At Not While At Work		oki occok.	1.					
22. I certify that (I) (this hospital) attended the deceased fram 9/28 1965 to 9/30 1965									
that (I) (we) last saw the deceased alive an 9/30 19 5 and that In(my) (aur) apinian death accurred an the date									
	nd haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.								
Inen C. Essenn	23A. SIGNATURE M.D. Attending Med. Stoff 9/36/65								
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	•	2 2					
	A M.D.	witheran Mr.	yelde	of Thanglans					
Premoyal (Specify) REMOYAL (Specify) Premoyal (Specify)	NAME OF CEMETERY OF GREAT	MATORY LANGE LANGE	CATION	ity, town, or county) (State)					
25A. DATE REC'D BY HEALTH DED. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	110.	ADDRESS					
OCT 4 1965 Relub 8. 50	labout M.D.	Williams of	united to	me 319 M. Selirored					

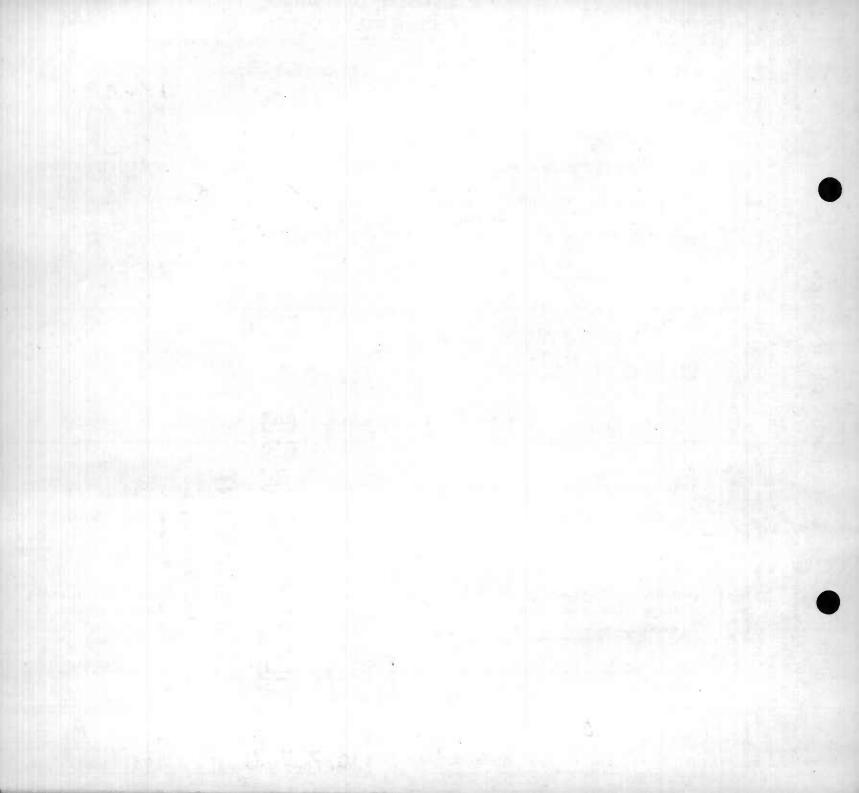
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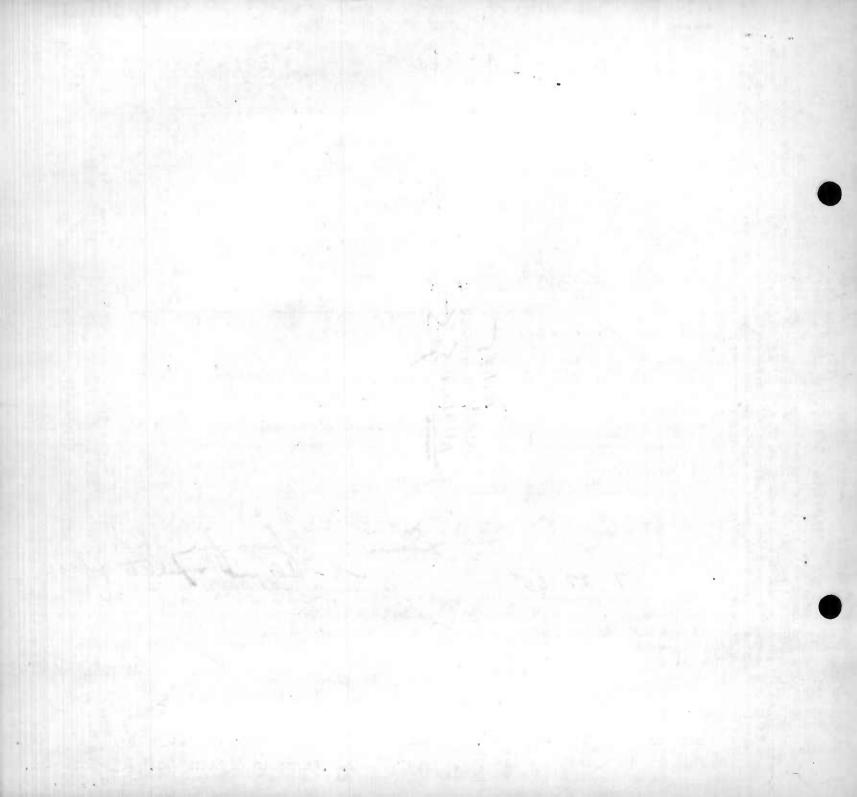


				HEALTH DEPARTMENT		CE 10110
BIRTH NO. M.E. CASE NO.	<u> </u>	0146	CERTIFICA	TE OF DEATH		65_10146
1. NAME OF DE (Type or Print)	SPENCE	FR K	LEVENOU	S, SR. 2. OATE	AND HOUR OF DEATH	55 7.50 p.
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND			here deceased lived. If	institution: residence before admission
FULL NAME	OF (If not in hospital	or institution	ave theel	Marglas	,	27-19
HOSPITAL OR	oddress or locatio	n)		C. CITY OR TOWN (II	outside city limits, write	RURAL and give township)
6	church Hon	u of b	Lospita	Balfomor-	e	
,5	Baltimo.	rl		D. STREET ADDRESS 4664 NO	(If rural, give location) What wood	Dive
s. sex male	6. RACE White	WIDOWE	NEVER MARRIED D. DIVORCEO (specily)	8. DATE OF BIRTH 1-2-18	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
IOA. USUAL OC	CUPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
So ca	f working lile, even if refired) Securify	Adm.	GOVIT.	WIBCON.	SIN	USA
3. FATHER'S NA	, -/		Co	14. MOTHER'S MAIDEN	NAME	
MARTI	rye Kle	eveno	DU	ADA Ascato	ne	
,	d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknow	(If yes, give wor or dote	es of service)	SECURITY NO.		W. Fire	OW (SAME)
YES	WWI		395-10-8990		KLEVEN)
18. 42			CAUSE O	F DEATH	,	ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	(P)	rote muse	and w	hours
	not meon the mode of		DUE TO	infantio	4	700
	e, asthenio, etc. Il means Implication which caused			INTURTIO		
	ANTECEDENT CAUSES		(B)	eronary a	arreng	gears
DISEASES	OR CONDITIONS, if		OUE TO	disease		
rise la l	he abave cause (A)		(C)	00 x00 xx 0 x 0 x 0 x x x x x 00 00 00 0		000000000000000000000000000000000000000
UNDERLYIN	IG CONDITION lost.					
은 TO THE	II NIFICANT CONDITIONS OF DEATH BUT NOT RELA R CONDITION CAUSING	ATEO TO TH				
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21B hom etc.	ne, lorm, loctory, street, o	n or about 21 C. WHERE DIE ffice bldg., INJURY OCCUR	(If in Boltime	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW OID	INJURY OCCUR?	
OF INJURY			ile At Not Whi	le 🖳		
		Wo		0- 30	19 65 to	9-30 1065
0	y that (1) (this hospito		0 0 -			
	lost saw the deceose		\sim			pinion deoth occurred an the do
		ted abave. ((did) (did nat)	view the body ofter deat	h.	
23A. SIGN A1	José L.	maison	geno. M.O. Att	ending Med. Director	Stoff Phys.	9-30-65
23C. PHYSIC	(Type) VOSE	s. M.	aisog m.o.	23D. ADDRESS Church!	Home & Po	spital
24A. BURIAL CE		24C.N	AME of CEMETERY of CR	EMATORY 24D	LOCATION (City, town, or county) (Stote)
Burial	70/1/1	.965 Du	lenew Wella	y Mem.Grds.	Timonium	Beltoco Ma
	D BY HEALTH DEPT.	25B. NAME	Talley Valle			BaltoCo.Md.
OCT 4	100E A =	109-	5,500	Hew Jenkin		Co. 4905 York Rd
VS 150-REV. 1/1	1900 (13,0)	F E 470	Mar FAR		Be	lto.12, Md.
A 3 170-VE A* 1/1	, 00					



	CE 404AQ	CERTIFICATE OF DEATH Registered No. 65	1014
M.	E. CASE NO.		111.1.4
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	. 1165
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution	n: residence hel
		A. STATE	- A 2
	FULL NAME OF (If not in hospital or institution, give she HOSPITAL OR oddiess or location)	c. CITY OF TOWN (If outside city limits, write RURAL	and sive there
,	INSTITUTION	Cellinore.	ond give ipwii
	University Hospital	D. STREET ADDRESS (If wool, give locotion)	
	· · · · · · · · · · · · · · · · · · ·	321 N. Carey Lt.	
5.	SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVO	MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Mont	nder 1 Yı. If
	A. USUAL OCCUPATION Give kind of work 10 B. KIND OF BUSINE	1/1/2 53	
	- during most of weathing life, over it estimate		CITIZEN OF
2	DOMESTIC HOME	14. MOTHERS MAIDEN NAME	USA
٥.			
5	Was Deceased Ever in U. S. Armed Forces? 16. Soc		ADDRESS
(Ye	es, no or unknown) (If yes, give wor or dotes of service)	Medical Records	VDDvc32
_	110	CAUCE OF PEARL	
	18. 4-20.11	(A) Claste regnarded efforction	ONSET AN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cente server liste ille to	: 81
	(This does not mean the made of dying, e.g.,	DUE TO THE TOP TO THE TOP THE	
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
	ANTECEDENT CAUSES	(B) ASCUD	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	
	rise to the above cause (A) stating the	(C) ;	
	UNDERLYING CONDITION last.		
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES (IGS CONSIDER
ERTI	0		
	OR CONTRIBUTING CALISE OF home form	OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, foctory, street, office bldg., INJURY OCCUR?	give exoct loca
ICAL	DEATH (notify medical examine) etc.)	Discoultance of the Control of the C	
MEDIC	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E, INJURY (While At	OCCURED 21F. HOW DID INJURY OCCUR?	
-	(APPROX.)	At Work	
	22. I certify that (I) (this hospital) attended the dece	posed from 145 30 1965 to Oct	-1
	that (I) (we) lost sow the deceased alive on	19 65 and that in(my) (our) opinion d	leoth occurre
	and hour and from the couses stated above. (1) (We)	(did) (dld not) view the body ofter deoth.	
	23A. SIGNATURE		DATE SIGNED
	Barry M. Racchaco	M.D. Attending Med. Stoff Phys.	10/16
	23C. PHYSICIANS NAME (ype)	23D. ADDRESS	1.10
	BARRY N. ROSENBAINA	M.D. CHILDFRSITY HOSPITA	1
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of	0,0,0	n, or county)
1	BURIAL 10-5-65 CAP	ver MOM Laurel	M
- 1		ALLE ALLE VELLE	
_	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS		ADDRE
_	70	STRAR 25C. FUNERAL DIRECTOR LOYETT 170	





FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 65 10150		EALTH DEPARTMENT	egistered Na	65 10150
M.E. CASE NO. 1. NAME OF DECEASED		E OF DEATH R	OUR OF DEATH	
Type or Print) REGINA MARIE	ROBERTS	ION 18 9	129 6.	1 12:55 P
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. A	. USUAL RESIDENCE (Where dec. STATE B. COUNTY	eased lived. If institu	tion; residence before odmissi
FULL NAME OF (If not in hospital or institution, give	street	MARYLAND		Brett
HOSPITAL OR oddress or location)	C	CITY OR TOWN (If outside	city limits, write RUR	AL and give township)
INLIAN MAGUADAIN	1010	STREET ADDRESS (If rurol,		05-00
UNION MEMORIAL +	407 K	Cal 1 -	NUOOD	at
SEX 6. RACE 7. MARRIED, NEV	/ER MARRIED 8.			Under 1 Yr., If Under 24 h
	VORCED (specify)	3/13/95 10511	irthdoy) M	onths Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	SINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign co	ountry) 1	2. CITIZEN OF
one during most of working life, even if retired)		11 10 110 110		WHAT COUNTRY?
3. FATHER'S NAME	6M=	MOTHER'S MAIDEN NAME		USA
1112		Vatile O. N.	1 10.10	
5. Wos Deceosed Ever in U. S. Armed Forces?	37	CATHERLINE	JOHNS	
(es, no or unknown) (If yes, give wor or doles of service)	SECURITY NO.	INFORMANT	11. +	ADDRESS
UNIC	UNK	LANT	- HOSPILA	/ MECORUS
18. / 7/1 X	CAUSE OF I	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dan	P41 > 000 65	BOELOT	
(This does not mean the made of dying, e.g.,	(A) AIC	CINOMA OF	12102931	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the above cause (A) stating the	(C)	24411 24 11 11 11 11 11 11 11 11 11 11 11 11 11	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
O THE DEATH BUT NOT RELATED TO THE A DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	[20 A. AUTOPSY? (Yes or Nol 20	I I VEC WERE EINI	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	, TO TERATION	IN IN	CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218, PLA	CE OF INJURY (e.g., in o	obout 21C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examined)	orm, foctory, street, office	bldg. INJURY OCCUR?		
	URY OCCURRED	21F. HOW DID INJURY	Occurs	
S OF INJURY		The new bib insort	OCCOR:	
(APPROX.) Work	At Work	1		Con Colon 1
22. 1 certify that (+) (this hospital) attended the d	eceased from	12 4 19 6		19 4/24 19 6
that (1) (we) lost saw the deceased alive an 12	.35 4/29	19 and that In	(my) (our) opinia	n deoth occurred on the
ond hour and from the couses stoted obove. (H) (W	e) (did) (did not) view	w the body ofter death.		, , , , , , , , , , , , , , , , , , , ,
23A. SIGNATURE			23	B. DATE SIGNED
1 ON WITH	M.D. Attendi	ng Med. Stoff Director Phys		7/ca/65
23C. PHYSICIAN'S NAME (Type)	23 0	D. ADDRESS		
ROBERT WHITLOCK	M.D.	UNION MEMORIAL	HOSPITAL	
24A. BURIAL GREMATION, 24B. DATE / 24C NAME				lown, or countyl (Stot
Buse of 10/2/65 NE	Muthens	1/1 /2	11	MO
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	EGISTRAR	1256, FUNERAL DIRECTOR	FIMORIE,	// (ADDRESS)
OCT 4 1965 O 0 4 89 TOO	5.0000	18 F7 F3 Q	1 88121	VARTORD NO
	A M. D	ILY / I LEWANS / I	INN OUVE	TILLIVIVE INC
- 1000 (IF () M > 14/1. (/a	A M. D	ILY / I LEWANS / I	INN OUVE	TILLIVIVE INC

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BALTIMORE CITY HEALTH DEPARTMENT

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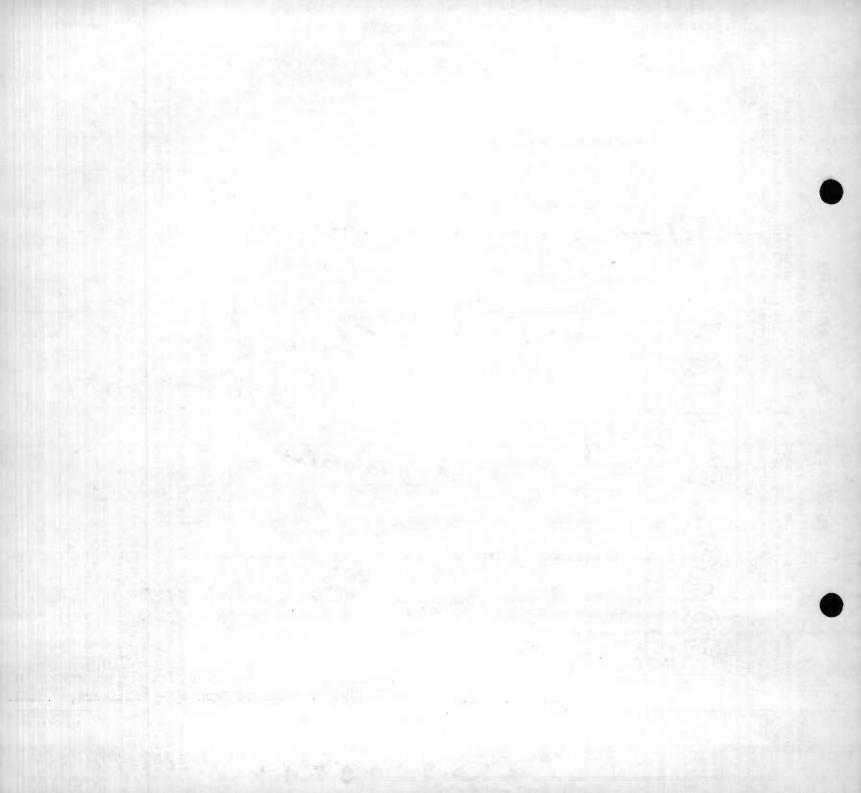
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IMPORTANT

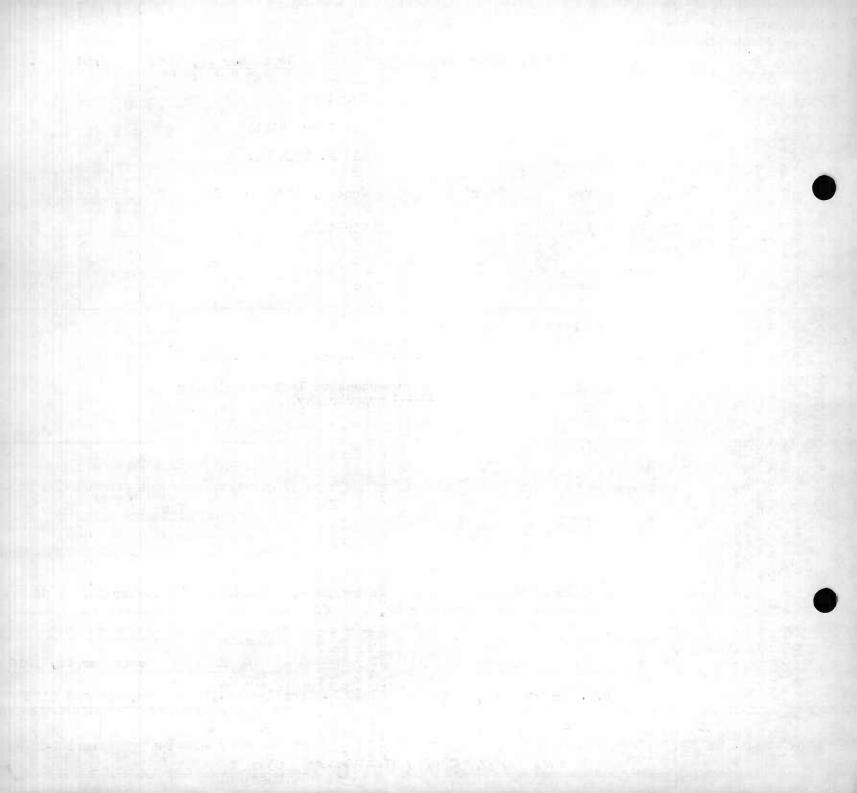
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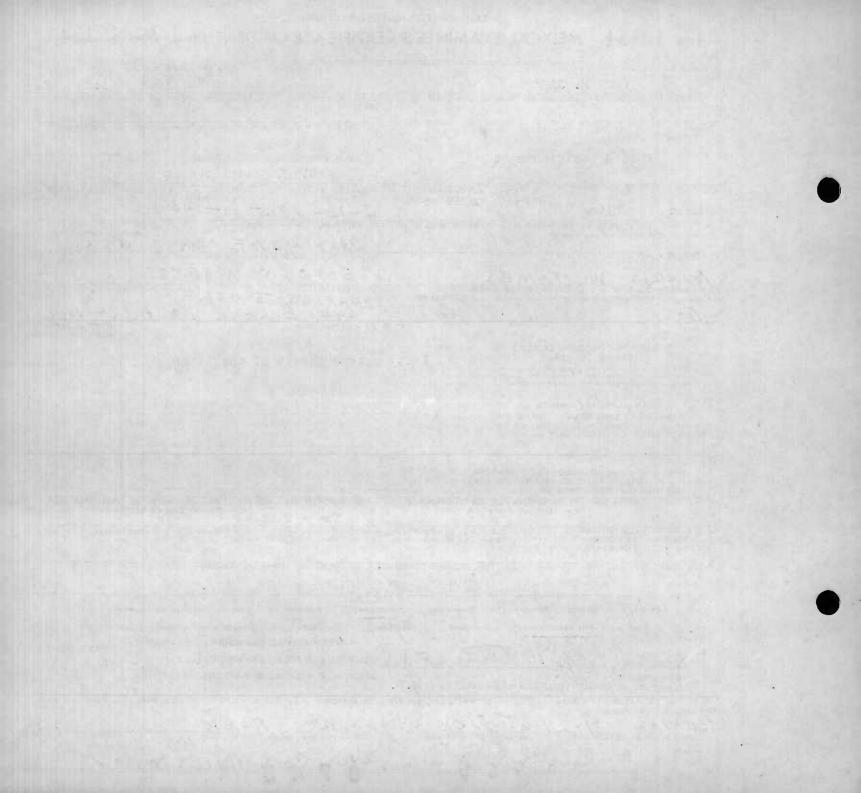
VS 150-REV. 1/1/65

M.E. CASE NO.			32	ATE OF DE		HOUR OF DEAT	TH	
Type or Print)		Robinson.	Robert Lee			ber 29, 1		A.
PLACE OF		MORE MARYLA		4. USUAL RESID	DENCE (Where	deceased lived. If	institution: residence before	ore odmissi
FULL NAME HOSPITAL O	R oddress	in hospitol or ins s or tocotion)	stitutian, give street	Maryland c. city or tov			are RURAL and give towns	(/
4	St.	Joseph H	ospital	Baltimor		urol, give location)		
			*	422 E. 2	Oth St.			
5. SEX	6. RACE		ARRIED, NEVER MARRIED	8. DATE OF BIRT		. AGE (In years	If Under 1 Yr. II Months Doys Hou	Under 24 h
Male	Color	-	Married	June 1.		59		
	CUPATION (Give		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE			12. CITIZEN OF WHAT COUNTI	RY?
Jone during most	Colors &	2)		Virginia			William Cooking	
13. FATHER'S N	AME	10		Virginia 14. MOTHERS M		NE / /		
100	V. a. A	1 6.0	20000	9	0			
S Was D	ver	100	meonon	1 Dar	an.	1 enn	ey	
Yes, no or unkno	ed Ever in U. S. wn) (II yes, give	wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	nn	17	ADDRESS	16
				DANAL	2. PER	rnoon	422 8 3	20"
18.	1.1.		CAUSE	OF DEATH	7 7 - 7 2	01000-10	INTERVAL B	
DISE	ASE OR COND	ITION DIRECTL	LY				ONSET AND	DEATH
	LEADING TO	O DEATH	(A) Per	forated du	odenal	ulcer with	h	
		made of dyin	g, e.g.,	forated du generalize	d perit	onitis		
	e, asthenia, etc							
Injury ar c		ich coused deot	h.)					
injury dr c	amplication whi	ich coused deot	h.)	ertensive	left ve			
	ANTECEDENT	ich coused deof	h.) (B) Hyp		left ve			****************
DISEASES rise to	ANTECEDENT OR CONDITION the obave co	ich coused deot T CAUSES ONS, if any, ouse (A) stoti	giving	ertensive	left ve			
DISEASES rise to	ANTECEDENT OR CONDITI	ich coused deot T CAUSES ONS, if any, ouse (A) stoti	giving	ertensive	left ve			
DISEASES rise to UNDERLYI	ANTECEDENT OR CONDITION The obave condition OR CONDITION OR CONDITION II	ich coused deet T CAUSES ONS, if any, ouse (A) stoti N last.	giving (C)	ertensive	left ve			
DISEASES rise to UNDERLYI	ANTECEDENT OR CONDITION The obave condition OR CONDITION	ch coused deet T CAUSES ONS, if any, ouse (A) stoti N last. DITIONS CONT	giving ing the (C)	ertensive	left ve			***************************************
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DISEASES rise to UNDERLYI OTHER SIG	ANTECEDENT OR CONDITI the obave of CONDITIO FINE CONDITION STATE ON THE CONDITION OR CONDITION	ich coused deet T CAUSES ONS, if any, ouse (A) stati N last. DITIONS CONTI NOT RELATED CAUSING IT.	giving ing the (C)	ertensive hypertroph	left ve	ntrioular	RE FINDINGS CONSIDERI	ED
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DISEASES VISE 10 UNDERLYI OTHER SIG TO THE DISEASE CO 19A. DATE 21A. ACCID	ANTECEDENT OR CONDITION The obave of the obave obave of the obave of t	ich coused deef T CAUSES ONS, if any, ouse (A) stoti N last. DITIONS CONT NOT RELATED CAU SING IT. 19B. CONDITIO WAS PERFORM	giving (B) Hyporographic (B) H	ertensive hypertroph 20A. AUTOPS Yes	y? (Yes or No)	208. IF YES, WER	RE FINDINGS CONSIDERI CAUSES OF DEATH?	
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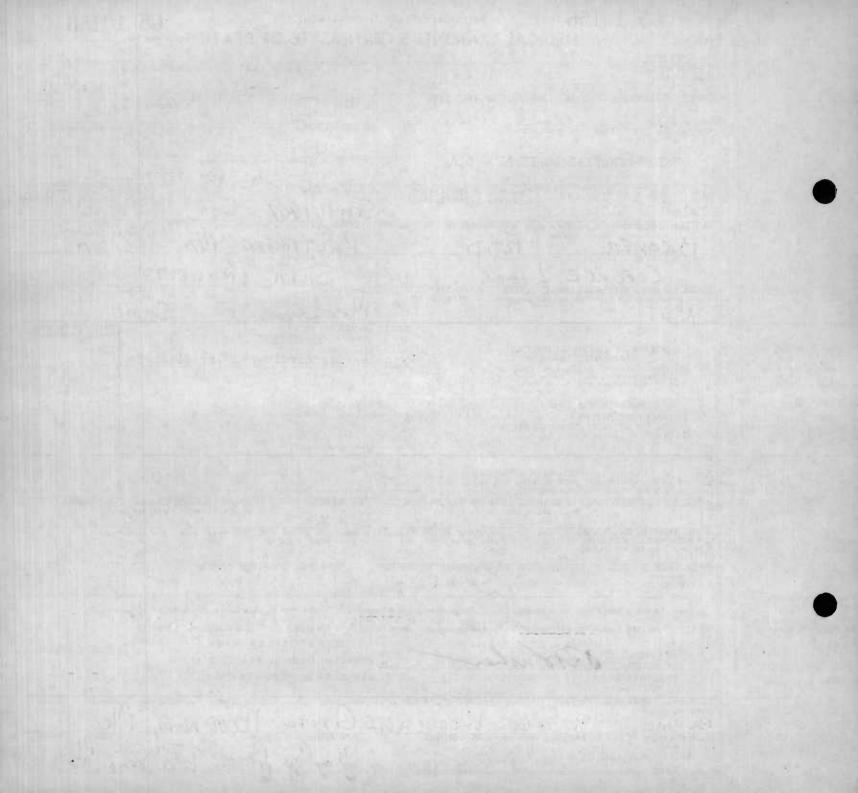
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 19154 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD September 25m 1965 WILMER W. JAMES 5:50 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE Mores 1 and B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore 1026 E. Baltimore St. D. STREET ADDRESS (If rurol, give location) 1026 E Baltimore St. 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED(specify) 45-30 white male 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR) 12. CITIZEN OF done during most of working life, even if relired) BALTIMO 12 E 13. FATHER'S NAME NORILIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 1311124 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fatty metamorphosis of the liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... NO NO CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION Yes - Partial Yes WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. WHAT COUNTRY? USA. ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) NOT WHILE AT WORK Partial 22. I certify that I held on Inquiry Inspection Autopsy XX and that on this basis, death in my apinion resulted fram: Natural causes X Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER X SIGNATURE Sept. 26, 1965 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) 23A, BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23B. DATE 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FORK 60 BURIAL FOR 248 NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR 100x-131300155 TOWSON VS 151-REV. 1/1/65

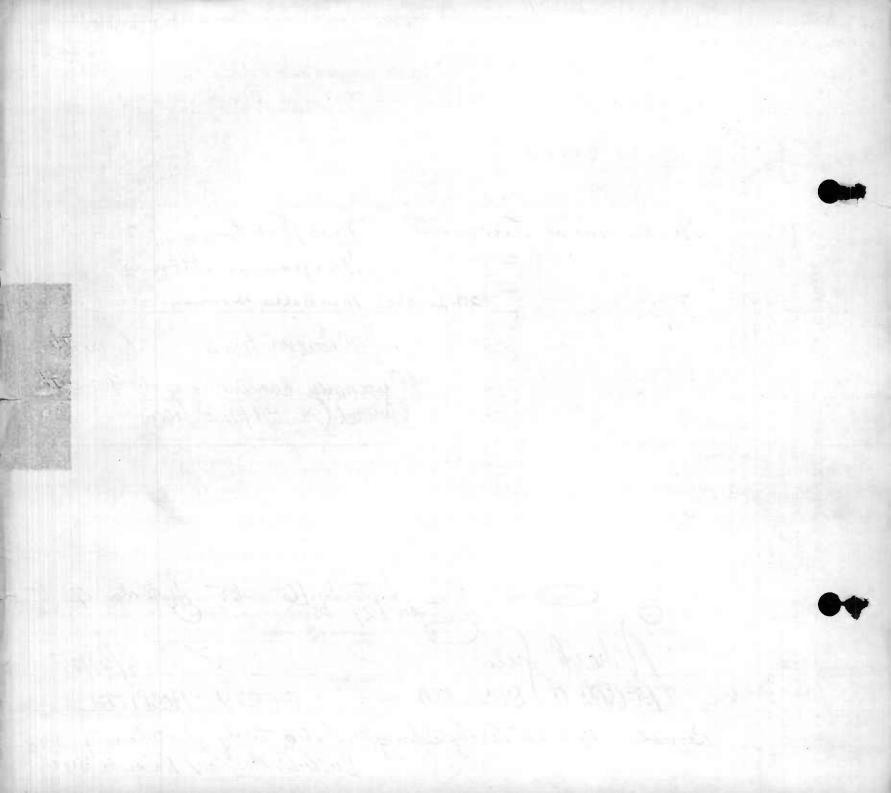


Maryland Bultimore Maryland General Hospital 3 St. Johns Road 16/6/2 walist Wash DC. Here Emily Brawner Hornie Weedward Chart Cancer of Steward 9/7/65 Enlester of gester was CK Topic WA

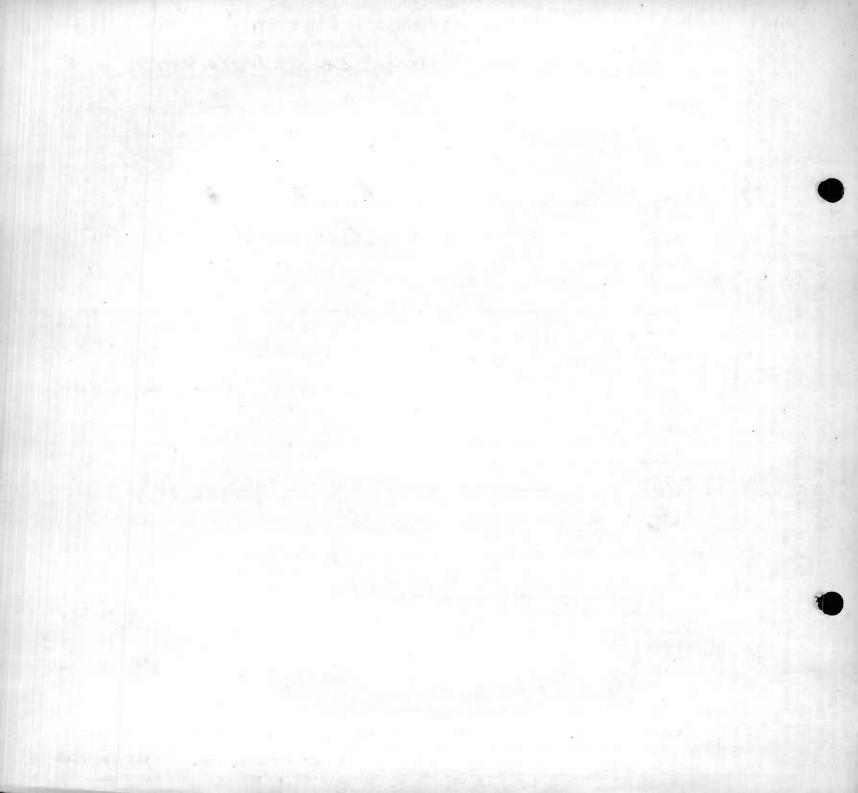
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S. SEX G. RACE	If rurol, give location)
Male White 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or done during most of working) life, even if retired) 13. FATHER'S NAMAE	nglake Way 21212
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TOA. USUAL OCCUPATION (Give kind of work to the control of the con	9 56
13. FATHER'S NAME 14. MOTHER'S MAIDEN 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. 19	or foreign country) 12. CITIZEN OF
13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASE EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) 18.	WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL 17. INFORMANT 18. 19. 1	NAME O O.S.M.
TS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., heart foliure, esthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or WAS PERFORMED UTING CAUSE OF CONDITION CAUSING IT. 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY (e.g., in or obout 21C. WHERE E UNDERLYING OF INJURY (APPROX.) 21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING OF INJURY (APPROX.) 21A, EXTERNAL CAUSE WAS UNDERLYING OF INJURY (e.g., in or obout 21C. WHERE E COPT INJURY (APPROX.) 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection Autopsy X and that are resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICA ACTUAL SIGNATURE SIGNATURE ASSOCIATE MEDICA	1200
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(This does not mean the mode of dying e.g., in or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	iovascular disease
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
UNDERLYING CONDITION LAST. CO. CO. CO.	**************************************
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, office bidg., INJURY OCCU UTING CAUSE OF DEATH. home, form, foctory, street, office bidg., INJURY OCCU OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK Ond that of the control of the	Yes
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EXAMINER'S ASSOCIATE MEDICA NAME (Type)	DATE SIGNED
NAME (Type)	0 07 65
Traine (1796)	AL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY	23D. LOCATION (City, town, gs county) (Stote)
REMOVAL (Specify)	M.
70.70	MOUDLAWN, 1185
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRE	
OCT 4 1965 Property Farfung. 11 Up Core	GROPE 1050 YOKK RD 2120
VS 151-REV. 1/1/65	But 100 COKE NO 2120
BURIAL 9-30-65 WOODLAWN CEMETERY	23D. LOCATION (City, town, or county) (Stote)



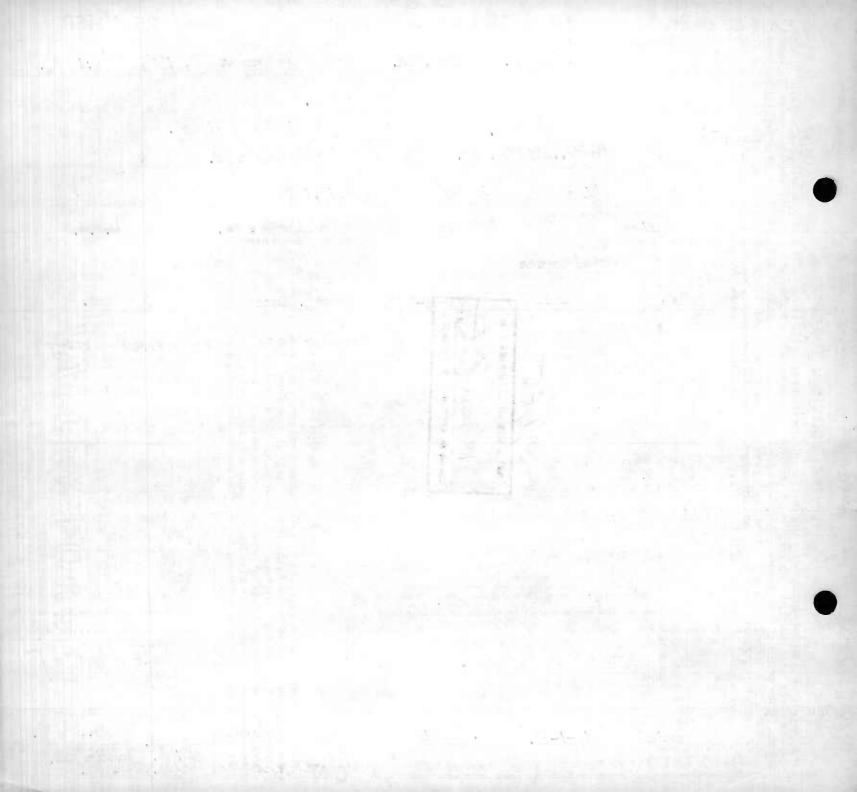
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such Deceased M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MA -27-65 death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY (2) cause Balto. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION attend O. STREET ADDRESS (If rurol, give location) MERCY HOSP etermined 9 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months Doys 5, SEX If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthday) 8 Ina 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? (4) Und and Was 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME evens SE Ph 0 IMPORTANI death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL ADDRESS final SECURITY NO. endance 22-5637 any CAUSE OF DEATH 18. INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., bal heart failure, asthenia, etc. It means the disease, **DIRECTOR:** 0 injury at camplication which caused death,) em ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION last. Was FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) hospital å DEATH (notify medical examiner) MEDI obtained 21 D. TIME (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) Work At Wa 22. I certify that (I) (this hospital) ottended the deceased from & that (1) (we))lost sow the deceased alive on...ond that in (my) (our) opinian death occurred on the date hospital and hour and from the couses stated gove. (I) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Stoff M.D. Director Phys. approval 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (Stote) eceased 0.0 REMOVAL (Specify) written shows: Cashing Methodian Tos lore May SID 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT 3 Morlegu VS 150-REV. 1/1/65



VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT



5. SEX

19A. DATE OF OPERATION

21 D. TIME

OF INJURY

VS 150-REV, 1/1/65

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

(Month) (Doyl (Year)

DEATH (notify medical examined

BALTIMORE CITY HEALTH DEPARTMENT 65 10161 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Matilda M. Nolker 28-3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, if institution: residence B. COUNTY Md. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 2800 Kennedy Avenue D. STREET ADDRESS (If rurol, give location) 2800 Kennedy Avenue 7. MARRIED, NEVER MARRIED 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Hours Female White Single 2-13-1895 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even il retired) Clerk Commercial Credit Baltimore, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Henry Nolker Elizabeth S. Kramer 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 12 212-03-1567 Mrs Bertha Pfeil 1331 Pentwood Roa CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) No 18. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injuly of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDI While At Not While (APPROX.) Work At Work 22. I certify that (I) (thee hospital) attended the deceased from 0 that (1) (we) last sow the deceased alive an. and that in(my) (over) apinian deoth accurred an the date and hour and fram the causes stated abave. (1) (We) (did) (dtd not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med.

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID

home, form, foctory, street, office bldg., INJURY OCCUR?

23C. PHYSICIAN'S 23D. ADDRESS (City, town, or county)

24A. BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)

(Hour)

19B. CONDITION FOR WHICH OPERATION

21 E. INJURY OCCURRED

LOCATION Baltimore

20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21F. HOW DID INJURY OCCUR?

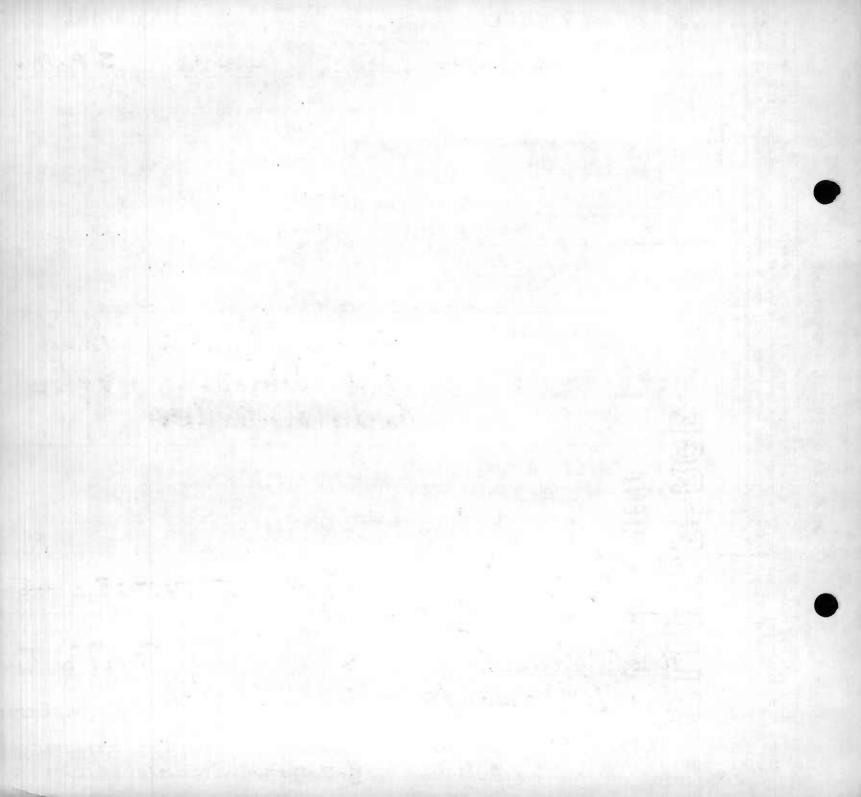
(If in Boltimore City, give exact location)

Md

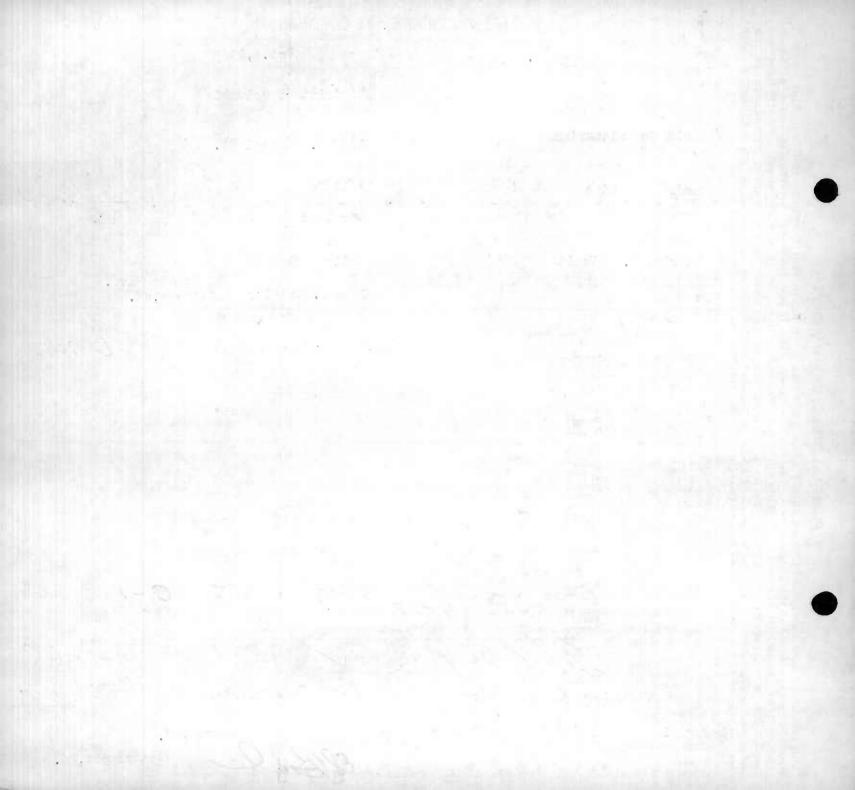
10-2-1965 Cemetery 25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

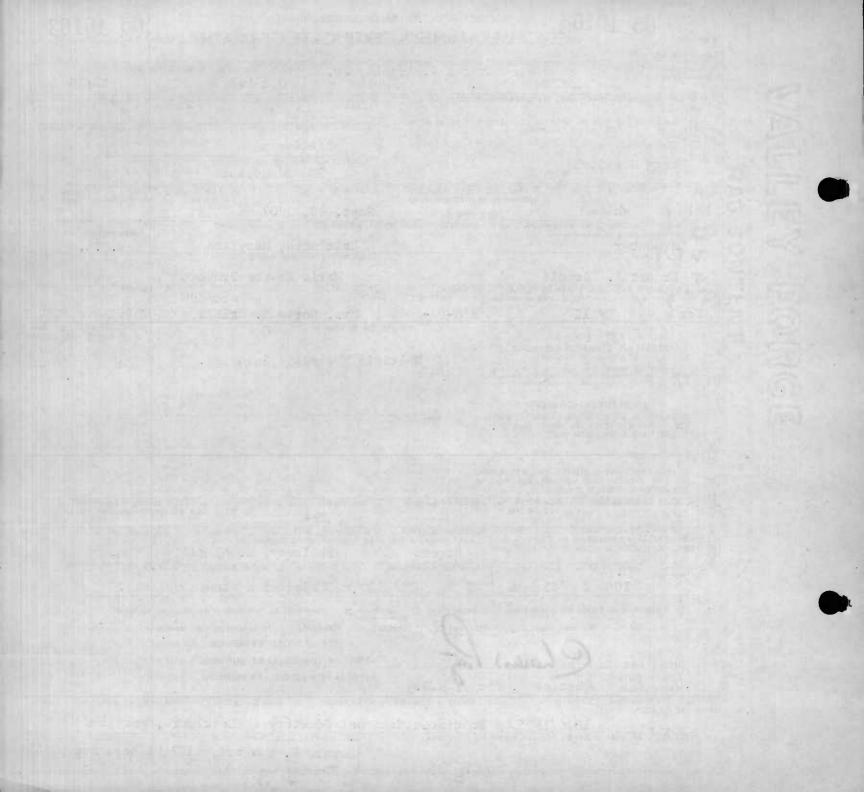
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BIRTH NO	o.	65	10162	CERTIFIC	ATE OF	1	Registered No	65 11	1162
M.E. CA 1. NAME (Type of	OF DECEA		Tr.	ALL	/ (12 01	2. DATE A	NO HOUR OF DEAT	н	AA
FULL	NAME OF	H IN BALTIMORE, MA	RYLAND or institution, g		Distr	ict of C		11-1	ence befare admission)
	ld Con	valesarium					f wral give lacation)		
5. SEX	• 14	5. RACE	TO AAADDIED	NEVER MARRIED	B. DATE OF	DIDTU	O AGE (In wages	If Ilador 1	Yr. If Under 24 Hrs.
Fema.	le	White	WIDOWED	DIVORCED (specify)	12/11/9	96	9. AGE (In years lost birthdoy)	If Under 1 Manths Day	
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	ERS NAMI					R'S MAIDEN NA			
		E. De Vault ver in U. S. Anned Fo lif yes, give wor or dol	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORM		5910 Fenter Baltimor	vick Ave.	DRESS
DISI	L s daes na it failure, a ly ar comp A EASES OR to the	OR CONDITION DI LEADING TO DEATH I mean the made of sithenia, etc. It means dication which couses NTECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION lost.	dying, e.g., s the disease, d deoth.)	(A) DUE TO	of DEATH		suo.	ON:	REVAL BETWEEN SET AND DEATH
AT DIS	THE DE	II ICANT CONDITIONS OF THE PROPERTY OF THE PRO	ATED TO THE	HICH OPERATION	20A. AUT	TOPSY? (Yes ar N	No) 20B. IF YES, WER	E FINDINGS CO	NSIDERED
OAL CERTIFIC	ACCIDEN' CONTRIBUT TH (natify r	T WAS UNDERLYING [ING CAUSE OF medical examiner)	21 B. hametc.)	PLACE OF INJURY (e. e, farm, foctory, street	200	no		are City, give ex	
21 D.	TIME NJURY PROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	/hile	F. HOW DID IN	JURY OCCUR?		
that and	(I) (we) I	that (I) (this haspital ast saw the deceas fram the causes sta	ed alive an	5-27	19 G				19 6 S
	PHYSICIAN NAME (Ty)	Mh	WONE	M.D.	Attending Phys. 23D. ADDRES	Med. Director DUNT	Stoff Phys. ZMAYWA	10- Y BA	1-65
Buri		10/4/65	Phi	los Cemeter	У	We	sternport, M	(Cily, lown, or co	
00	T 4	1965 P.C.	25B. NAME O	O CONTRACTOR OF REGISTRAR	25C. FU	NERAL DIRECTO		Westernpo	ort, Md.



BIRT	н но.	5 10163 MEDI		AMINER'S CI		V -	DEATH Reg	55 gistered No	10163
1, 1	NAME OF DEC	CEASED ERNEST		rnest A. Arno A. ARNO			р ноик PRONO ber 2, 19		12:43 A
FUL	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INS	Mercy	Hospital			Baltimore D. STREET ADDRESS (If rural, give location) 30 3d avenue				
IOA	ale	6. RACE White UPATION (Give kind of work working life, even if relired)	WIDOWED,	NEVER MARRIED DIVORCED(specify) rried F BUSINESS OR INDUSTRY	Sept. 30	, 1907	9. AGE (In y lost birthdoy) 58	Month's	Doys Hours Min. EN OF
13. (Carper FATHERS NAM Ernes	nter st A. Arnold			Marie		ryland e Prevost		J.S.A.
(Yes	Yes	O EVER IN U.S. ARMED (If yes, give wor or dote WW II	s of service)	16. SO CIAL SECURITY NO. 218-01-4446	Mrs. De	oris A.	Arnold		d Ave. 21227
IFICATION	DISEASES RISE TO TH UN DERLY!! OTHER SIG TO THE	not meon the mode of osthenic, etc. It meons mplication which coused antecendent CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S'NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REIR CONDITION CAUSING	the discose, deoth.) S NY, GIVING THE CONTRIBUTII						
CERTIFI	19A. DATE OF		DITION FOR	WHICH OPERATION	Ye	s	20B. IF YES, WE	CAUSES OF DE	Yes
MEDICAL	UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.)	L CAUSE WAS XOR CONTRIB- ISE OF DEATH. (Month) (Doy) (Yeo) 10 2 165) (Hour) 2	PLACE OF INJURY (e.g., , form, foctory, sheet, o Street TE, INJURY OCCURRED WHILE AT NOT WORK	Fal 21F. H	1sway,	N. of Mad	lison Ave	. 2-02
	resul	tify that I held on I ted from: Noturol co		Inspection Aut	e Homici		is bosis, deoth Undetermined n		DATE SIGNED
	SIGNAT EXAMIN NAME (URE IER'S	arles)	tty, M.D.	ASSISTANT M				10/2/65
	BURIAL CRE	y)		C. NAME of CEMETERY of				ore, Mar	
244	OCT 4	1 10/6/1 BY HEALTH DEPT.		Baltimore, Nat OF REGISTRAR	24C. FUNER	AL DIRECTOR		,	address ns Ave. 2122
VS	151-REV. 1/1/	65 1	9 (5 0	0 8 7	5 2			1



BALTIMORE CITY HEALTH DEPARTMENT

1:20 A

If Under 24 Hrs.

WHAT COUNTRY?

USA

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

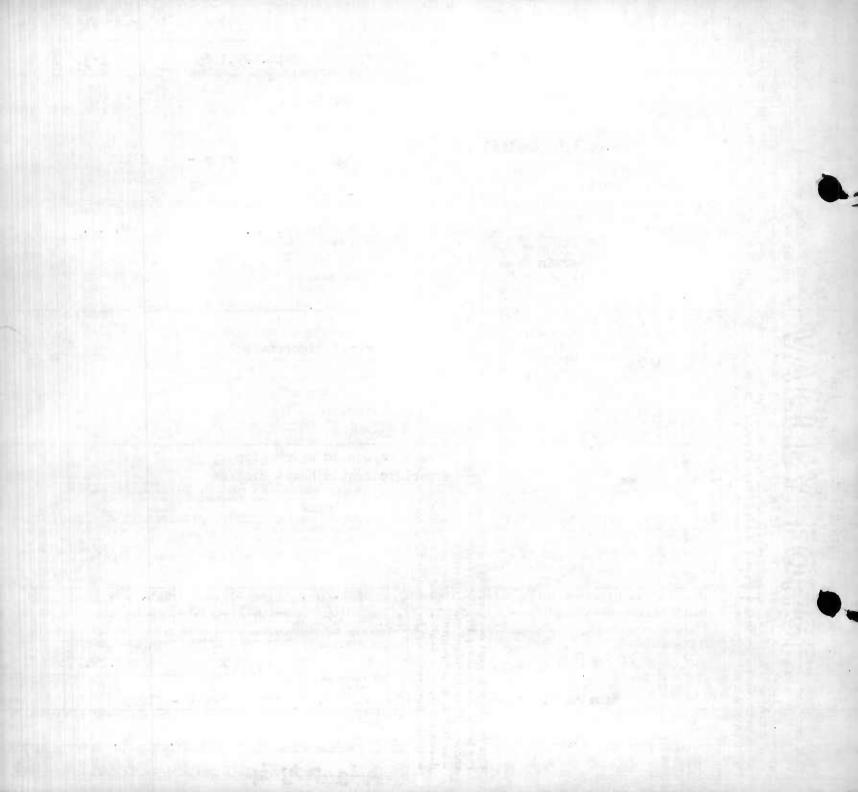
IMPORTANT DIRECTOR: FUNERAL

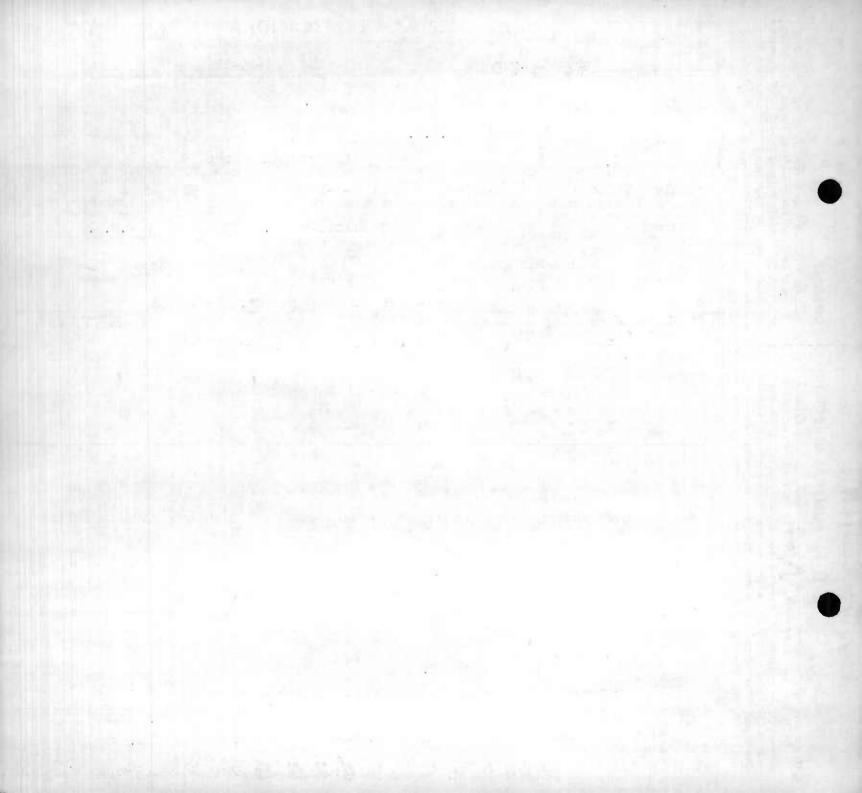
VS 150-REV. 1/1/65

TI DOLARA T T -0

Medical Examiner release.

BIRTH NO. M.E. CASE NO.	65 1016	5	CERTIFICA	TE OF DEATH	Registered Na.	05 19163)
1. NAME OF DECI	HINDN	IAN, A	LICE	F*************************************	29,1965	1:3	O A A
. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in		
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		ve street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
11				Baltimore			
1	St.Joseph H	lospital		D. STREET ADDRESS (If rurol, give locotion) 5633 Anthony Avenue - 21206			
Female	White	WIDOWED,	NEVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthdoy) 52		If Under 24 Hrs lours Min.
	PATION (Give kind of work vorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	gn country)	12. CITIZEN OF WHAT COUN	ITRY?
Homemaker Own Home		Home	Baltimore, M	1.	U.S.A.		
3. FATHER'S NAM	\E			14. MOTHER'S MAIDEN NA			
	Max Martin	1		Louis	se Johnson		
	Ever in U. S. Armed For- (If yes, give wor or dote		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	5
18.	4 . /		None	John C. Hindm	an 5633 Antl		BETWEEN
DISEASES OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T		ONTRIBUTING TED TO THE T. DITION FOR W	_	sychotic depress: elerotic heart di	ISCASO	FINDINGS CONSIDI	ERED
O	WAS PERI			none	IN CERTIFYING CA		
OR CONTRIBU	TING CAUSE OF medical examiner	218. I home etc.)	PLACE OF INJURY (e.g., c., form, foctory, street, c	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimor	e City, give exact lo	cotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
E (APPROX.)		While					
22. I certify	that (I) (this hospital) attended the	e deceased from	Sept. 24 ,	19 65 to Se	ept. 29.	19 65
that (1) (3%)	last saw the decease	d alive an	Sept. 29,	1965 and th		-	
23A. SIGNATU		4		•		238, DATE SIGNED)
Ruga	aldo Pilla	deri	av M.D. AH	tending Med. Director	Stoff Phys.	Sept.29,	1965
23 C. PHYSICIA				23D. ADDRESS			
AA RIIDIAI CREA	Renaldo P.		ME of CEMETERY of CR	1400 N. C rolin		21213	(Stote)
REMOVAL (S	pecify)			Her Bill - I		, iown, or county)	(31016)
Buria 25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	kwood Cemete	Py 25C. FUNERAL DIRECTOR	timore, Co.	Md. ADDI	RESS (36)
UU 4	1965 Roberts	E say	500	Loophyd	Jeneral Ho	7401Be	lan A
/S 150-REV. 1/1/6	J				7		





65 10	14 CF)	Y HEALTH DEPARTMENT	Registered Na	65 10167
M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Kegistered Na	
1. NAME OF DECEASED			D HOUR OF DEATH	_
3. PLACE OF DEATH IN BALTIMORE MAR	+ RANCIS	SEPT.	30,1963	institution: residence before odmission)
S. PLACE OF DEATH IN BALTIMORE, MAN	ILAND	A. STATE B. COUN	TY lived. If	institution: residence before odmission)
FULL NAME OF (If not in hospital of oddress or location	r institution, give street	MARGUND	BAC	TIMORE
INSTITUTION	1.1	C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township)
CHURCH HOME AN	JATIGZOH AL	DALTIMOR D. STREET ADDRESS (III	rural, give location)	EGUND O
		619 LAKE	DRIVE	(Towson)
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
FEMALS CAUCAS.	WIDOWED, DIVORCED (specify)	JULU 31, 1877	lost birthdoy)	Monms Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work			ign country)	12. CITIZEN OF
done during most of working life, even if retired)		OH10		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	0.0.
CAMPA D Roy	A 3 - 1	Mance	(3110	T KNOUN)
15. Was Deceased Ever in U. S. Armed Force	LDEN 1 6. SOCIAL	17. INFORMANT	(100	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.			
	NONE	25.05.471		
18. 420.1		OF DEATH	A	ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY (F)	1	web. E.	I dient
(This does not mean the made of	dying, e.g., DUE TO	fusicum	- Jacon	- pil wang
heart failure, asthenio, etc. 11 means injury at complication which caused		1. 4 1 0	1. 16	
ANTECEDENT CAUSES	(8) ×	fillenes sell	role H	ay
DISEASES OR CONDITIONS, if	ny, giving	deserve,	è ocal	
rise to the above couse (A)		stero-late	raf un	zielin
UNDERLYING CONDITION last.	0			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING			
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE .	angous abox	ess of	x angun
19A. DATE OF OPERATION 19B. CONS	OITION FOR WHICH OPERATION	DUE AUTO STETIES OF NO	208. IF YES, WER	FINDINGS CONSIDERED
SEPT 22, 1965 GASTE	O-INTETINAL BLEEDIN	11100	IN CERTIFYING C	AUSES OF DEATH?
U 21 A. A CCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltima	ore City, give exact location)
DEATH (notify medical examiner)	etc.)	olitet olagi, itti oki occok.		
O 21 D. πME (Month) (Day) (Yeor)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile 🗍		
22 1			10	10
22. 1 certify that (I) (this hospital)				
that (I) (we) last saw the decease			at in (my) (aur) ap	pinian death accurred an the dat
and haur and from the causes stat	/	view the bady after death.		
23A. SIGNATURE	ungalan un D	tending Med.	Stoff -	23B. DATE SIGNED
J	Ph Ph	ys. Director	Stoff Phys.	4/20161
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	3	4-50
Ernesto R. Punsala	m M.D.	- church t	oure:	noslinad
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 240. L	OCATION	Sity, town, or county) (State)
BURIAL 10-4-65	(UNDTIEDE EM	ETERY CA	RNEGIE, T	ENNSYLVANIA
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		1050 YORKRD
OCT 4 1965 (P.O.	A S. Falamin o	a bom to ass Bo	MAKS MILL	SONTHUSON MODIFICAL
VS 150-PEV 1/1/65		The state of the s	nors from	2017 IUUXIU TIBZIZOY

MARYLAND DALTONDER CHURCH HOME MAR HISPORTE BALTIMORE, MARGHANIS CLARE DRIVE CTOWNERS France Cauche Wisself Sur 31, 1877 85 JUHO MARY SAMUEL P. BORREN 3454 O funcion white In It is the and the standing without again THE 22, MIS GARRES WARRING BURRIES IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT

FUNERAL DIRECTOR:

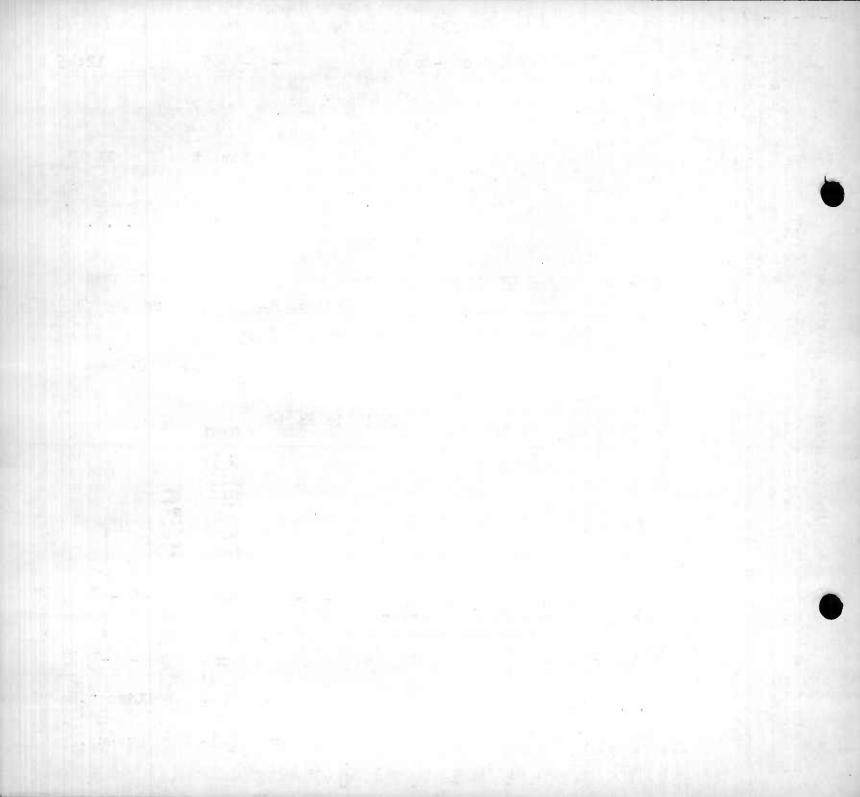
BALTIMORE CITY HEALTH DEPARTMENT

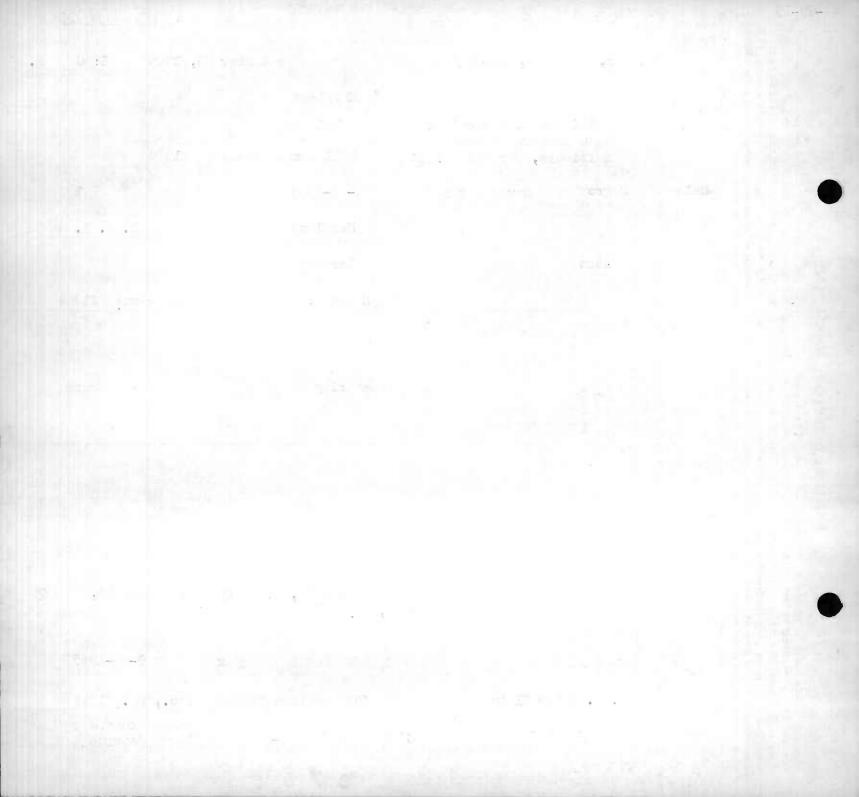
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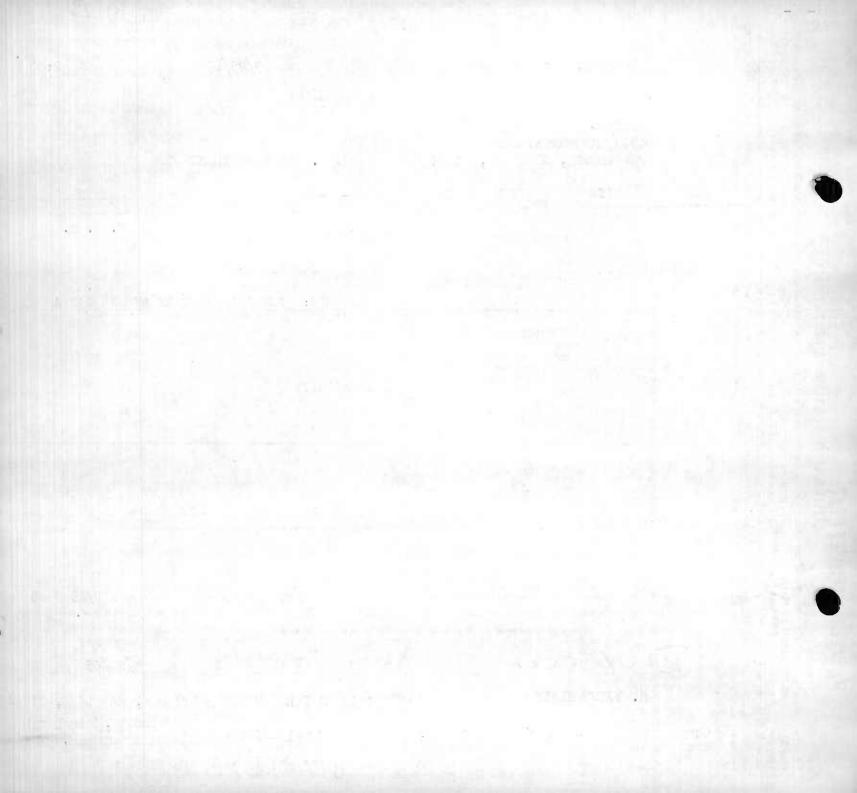
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cawas D.O.A. at a hospital (except where the physician who pronounced death was in regular at	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	written approval must be obtained before the remains are embalmed or final disposition is made.

201	65 10170	BALTIMORE CITY HEALTH DEPARTMENT	65 40400
	BIRTH NO.	CERTIFICATE OF DEATH	Registered No. 00 101/0
and eath asec the the	M.E. CASE NO. 1. NAME OF DECEASED	2 DATE AL	NO HOUR OF DEATH
of death of death Deceased e on the ith. Such	(Type or Print) UVS. Alice McCli	1110	9.20 11 1 22
F 0 0 5	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Who	ere deceased lived. If institution: residence before admission)
		A. STATE B. COUI	
hos Se Gn de	FULL NAME OF (If not in hospital or institution, give hospital OR oddress or location)		
a hoses, (5)	INSTITUTION	C. CITY OR TOWN (If or	utside city limits, write RUKAL ond give township)
- 3 0		D. STREET ADDRESS (If	rurol, give locotion)
O.= L.	Mary land (several)	trapital and lo	and weld Rd.
ar de b	5. SEX 6. RACE 7. MARRIED, NEV	VER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
rrib min ma	WIDOWED, DI	VORCED (specify)	lost birthdoys 65 Months Doys Hours Min.
oon on on re-	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS		
er in	done during most of working life, even if retired)		WHAT COUNTRY?
S Print	? 4.5.6		nd USA
if death rect or c (4) Undet was in the dec	13. FATHER'S NAME	14. MOTHERS MAIDEN NA	ME -
diredirediredirediredirediredirediredire	Charles Barry	Daisy	horup soy
B	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
ssist the the kin de nce fina	7	? Happital	Chart
if if any sed	18,	CAUSE OF DEATH	INTERVAL BETWEEN
is fair	DISEASE OR CONDITION DIRECTLY	septicent	ONSET AND DEATH
Als Als e of atte	LEADING TO DEATH	INCOLOR GREATER	HENGERT
0 - 20 - 2	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. 11 means the disease,	DUE TO Dequetty file	cero wan
ner act pr ula	injury or complication which caused death.)	according to	HETUSTASS
fre fre	ANTECEDENT CAUSES	DUE TO	**************************************
Xar Xar Whwh	DISEASES OR CONDITIONS, if ony, giving	(as cinons 2	sness =
0 M - E	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	hove well for	2
ical ial is; cio as			9
diodiys: × × × ×	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
f medical medical e y burns; (3 physician ian was ii	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
the sice	194. DATE OF OPERATION 198. CONDITION FOR WHICE	CH OPERATION 20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
re the	A SCIDENT WAS UNDERLYING TO 1218 BLA	CE OF INITIAN (a - in a) should be WHERE DID	Ut is safety City and the start of
tal by by (2) here No ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, for call of the cal	CE OF INJURY (e.g., in or obout 21 C. WHERE DID orm, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
7 V - 2.	0		
d b	U OF INJURY	URY OCCURRED 21F. HOW DID IN	JURY OCCUR?
ho ho ho de	(APPROX.) While A	Not While At Work	
pro the ny exc an	22. I certify that (N (this hospital) attended the d	eceased from 7:14	19 65 10 9-3919 65.
g 0 0 0	that (N (we) last sow the deceased alive on	(134)	not in (my) (aur) opinion deoth occurred on the dote
0 2 2 2	and hour and from the couses stated above. (1) (W		
ust be a based to dent of lospital death) must be	23A. SIGN AT URE	111	23B, DATE SIGNED
2005	1 AXX VIII DO STAN	M.D. Attending Med. Director	Stoff Phys. 29.65
0 0 0 V	23C. PHYSICIAN'S	23 D. ADDRESS	11/3.
was reli was reli A at a b prior to	NAME (Type)	M.D.	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME	and the second second	OCATION (City, town, or county) (State)
his certifue body hows: (1) ras D.O.	REMOVAL (Specify)	The state of the s	
ws: (ws: 0.0)	BURIAL OCT 2.65 BRU	10 RIDGE B	ALTIMORE Md
This certhe bod shows: (was D.C decease	OCT 4 1965 P. O. By S. Jacobs	EGISTRAR 25C. FUNERAL DIRECTO	ALTIMORE Md POOKS TOWSON 21204
*******	1500 ([Jub] E. Jank	m. Cook.	FROOKS YOWSON 21204

To Markette







BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN DIRECTOR: FUNERAL eceased 258 NAME OF REGISTRAR VS 150-REV. 1/1/65

05 10174

BIRTH NO.

If Under 24 Hrs.

WHAT, COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

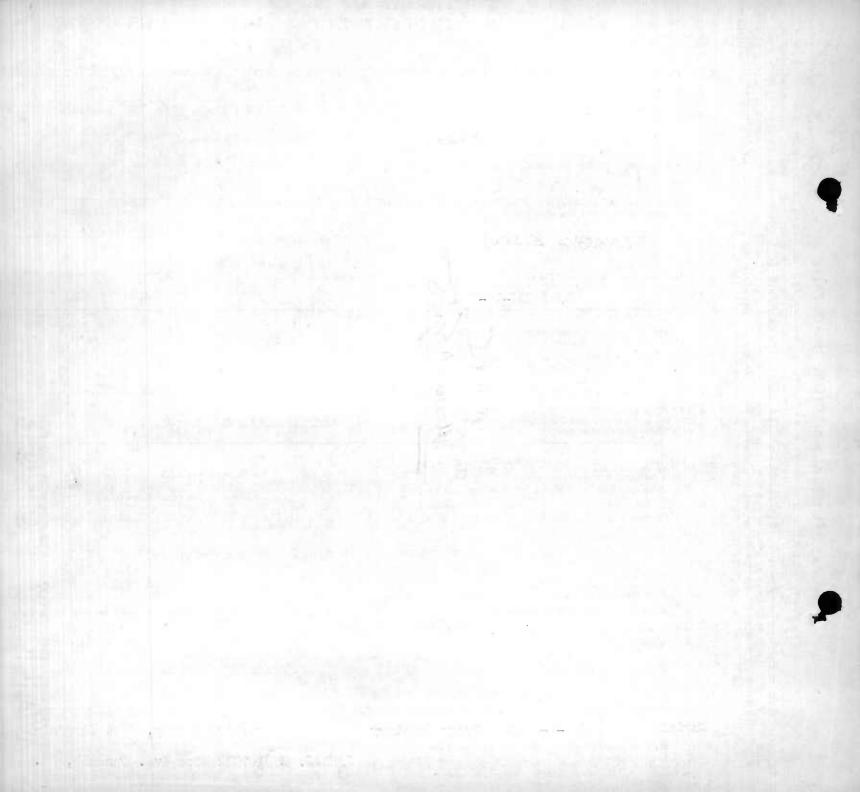
TRANSPARE 7 (16-92) ATCHERO Barrent Ed. BALTIMORE NO. THE RESERVE Jonnes WELSE GREET FLORE THE PERSON CONTRACTOR GALLERY ROAT PASCAGELLA 3/20/65 NOD =85:8 .. T. of 10 1 10 10 10 Mean To Calido mi PERSON NAME OF PERSON PERSON MARIN WA CALLUT

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

organization and additional to the con-A CHARLES AND A COLOR OF THE CONTROL OF THE COLOR OF THE

VS 150-REV. 1/1/65



Suicide

23C. NAME OF CEMETERY OF CREMATORY

Homicide

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

23 D. LOCATION

Undetermined manner

DATE SIGNED

(Stote)

10/2/65

(City, town, or county)



resulted from: Natural causes X

23B. DATE

ACTUAL

23A. BURIAL CREMATION,

REMOVAL (Specily)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

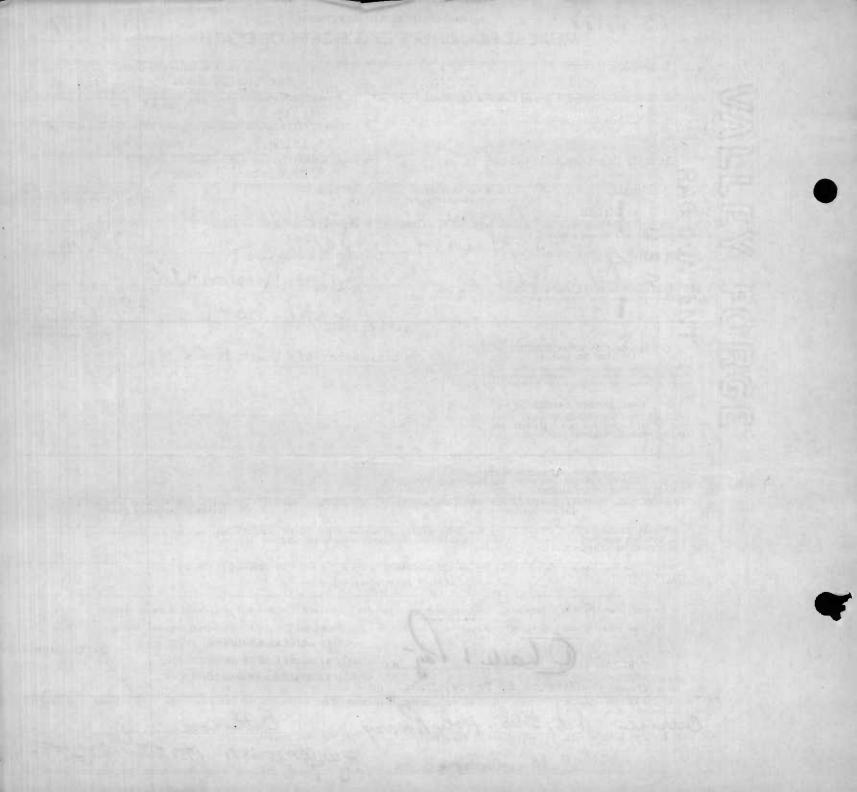
NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

Accident

Charles S. Petty, M.D.

248, NAME OF REGISTRAR

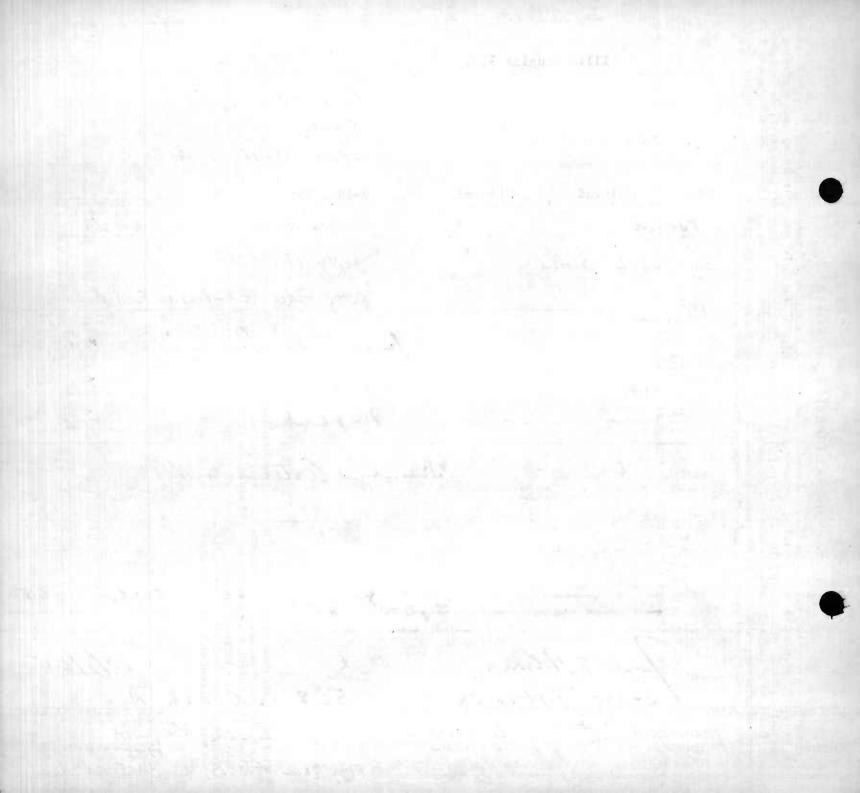


- 40 4179		HEALTH DEPARTMENT	0	E ADAMA
BIRTH NO. 65 1017	CERTIFICA	TE OF DEATH	Registered Na.2	5 10178
M.E. CASE NO. 1. NAME OF DECEASED		DATE AN	HOUR OF DEATH	
(Type or Print)	11			1015 815
3. PLACE OF DEATH IN BALTIMORE MARYLAND	utt man	4. USUAL RESIDENCE (When	ober 16	1965 8:15 pm
V		A. STATE B. COUN	Y and the same of	Smortan, residence before damastan
FULL NAME OF (If not in hospital or instil	utian, give street	Maryland	BALT	TIMORE
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If out	ide city limits, write R	URAL and give township)
1.1		ESSEX	21)	33-0-0
Y	1 11 11	D. STREET ADDRESS (If	ural, give location)	
Union Memorial	HOSPITAL	1904 Esse	x Aven	ue
5. SEX [6. RACE [7. MA	RRIED, NEVER MARRIED	8. DATE OF SIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs
male	OOWED, DIVORCED (specify)	0/15/12	ast birthday)	Manths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KI)	ND OF BUSINESS OF INDUSTRY	11./BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF
dang during mast of warking life, even if retired)			,,,	WHAT COUNTRY?
COOKER	REWERY	German	4	1
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAA	18	
Ladina Call	man	1 11	Yalling -	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	OFTON	ADDRESS
(Yes, no or unknawn) (If yes, give war ar dates af se	rvice) SECURITY NO.	5		
No -	216 05 4090	Wite - Mrs. C	190 Guttr	nun - Same
18. 7 97 V	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	IN LET	T LOWER LOBE	PNETIMON	rin .
(This does not mean the made of dying,				
heart failure, asthenia, etc. It means the di- injury ar camplication which caused death.)		A		
ANTECEDENT CAUSES	(8) ORE	3177		
	DUE TO		0	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	the (C) EK	PHYSEHA.	Rs.	
UNDERLYING CONDITION last.				
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIE				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		yes	IN CERTIFYING CAL	
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	home, form, foctory, street, o	mice bidgs INJURY OCCUR?		
O 21D-TIME (Manth) (Day) (Year) (Hour	21E, INJURY OCCURRED	215 1101/ 515 1111	Inv O a ciles	
OF INJURY		21 F. HOW DID INJU	INT OCCUR:	
(APPROX.)	While At Work Not While At Work			
22. I certify that (I) (this hospital) atter	ded the deceased from Se	134, 30, 2145	965 10 6	ct 2 19 65
that (1) (we) last saw the deceased aliv-	6 / 7	1		
		/	r in (my) (aur) apir	nian death accurred an the dat
and haur and from the causes stated abo	ive. (I) (We) (did) (did net)	view the bady after death.		
23A. SIGNATURE			V-2-0-1	23B. DATE SIGNED
Mussin & Oct			Stoff	101-1-
	en M.D. Att	ending Med. Director	Phys.	1012115
23C:PHYSICIAN'S			Phys.	10/2/65
NAME (Type)			Phys. Le	10/2/65
DR.MIRIAM L.	COHEN M.D.	union Memorial,	Hosp.	10/2/65
DR.MIRIAM L.		union Memorial,	Hosp.	y, town, or county) (State)
DR.MIRIAM L.	COHEN M.D.	23D. ADDRESS Union Memoral EMATORY 24D. LC	Hosp.	y, lown, or county) (State) MARYLAND
DR. MIRIAM L. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 10-6-65	COHEN M.D.	union Memorial,	Hosp.	y, lown, or county) (State) ADDRESS
DR. MIRIAM L. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 10-6-65	COHEN M.D. 24C. NAME OF CEMETERY OF CR	23D. ADDRESS UNION MOMORA EMATORY 24D. LC 25C. FUNERAL DIRECTOR	HOSP. OCATION (CI) OLITO. CO	MARYLAND ADDRESS
DR. MIRIAM L. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 10-6-65	COHEN M.D. 24C. NAME OF CEMETERY OF CR	23D. ADDRESS Union Memoral EMATORY 24D. LE EMETERY BI	HOSP. OCATION (CI) OLITO. CO	MARYLAND ADDRESS

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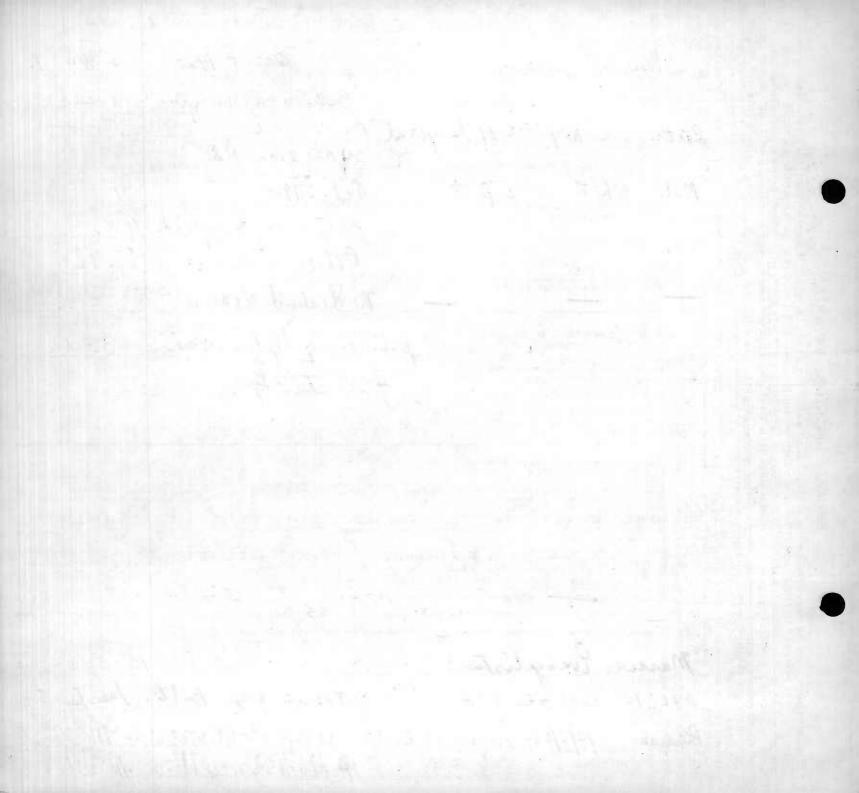
IMPORTANT

FUNERAL DIRECTOR:



Ecolis : Horad Mary land BE1/20. University Idespited 844 Washington Blet 12 . 2. Blazned Maryland " 2006 bb0" 4519 Catherine Books 8/11 Care woons of the Lung 20000 10-3:65 Clairossily Hospital

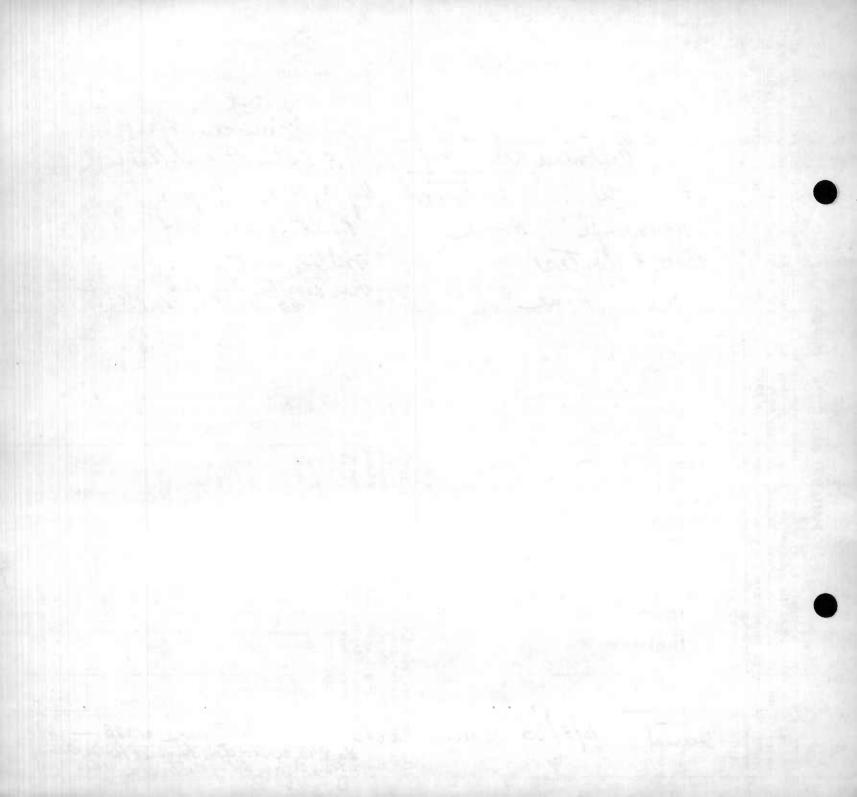
1.1.011.00		HEALTH DEPARTMENT		
виятн NO. 65° 24450 65 101	81 CERTIFICA	TE OF DEATH	Registered No.	5 10181
M.E. CASE NO. 1. NAME OF DECEASED		2. OATE AN	ID HOUR OF CEATH	
(Type or Print) ROBERT LEASUA	ZE.	Oct	. 3,1965	16:40 P.N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceased lived. If instituti	on: residence before admission)
FULL NAME OF (If not in hospital ar institution oddiess or location) INSTITUTION	ion, give street	c. CITY OR TOWN (If out	manufactor side city limits write RURA	ond give township)
Lutheran Assitul	of thrughand	Bally more D. STREET ADDRESS (III	iurol, give lacation)	53-00
46	1	2405 Zion	Rd.	
A/O I I WIDO	NEO, NEVER MARRIED WED, DIVORCEO (specify)	Det. 2.1966	9. AGE (In years If t last birthday) Mar	Judet 1 Yr. II Under 24 Hrs. 1ths Ooys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life even if retired)	- 4	11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Maryland	4-51
Lester Leasure		Ethel Le	asure +]	Siell)
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no al unknown) (III yes, give wol ar dates of servi	1 6. SOCIAL SECURITY NO.	MD. Looky L	Sea 24	05 2,641 Road
18. 773.51	CAUSE C	OF DEATH	- Ciccare	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		an area of host	in marke	31
(This does not mean the mode of dying,		word racy regar	LANG PRESIDENCE CHANGE	no kasi
heart failure, asthenio, etc. It means the diserinjury or complication which caused death.)	ose,	Tuit		
ANTECEDENT CAUSES	OUE TO	remain y	,	
DISEASES OR CONDITIONS, if ony, giver is to the obove cause (A) stating		9		
UNDERLYING CONDITION last.	the (C)	**************************************	000000000000000000000000000000000000000	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOP5Y? (Yes or No	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in a about 21 C. WHERE DID iffice bidg., INJURY OCCUR?	(If in Bottimore City	, give exact lacation)
-	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not Whi			
22. I certify that (1) (this hespital) attended	ed the deceased from	7 - 2	19 65 to 10 -	3 19 6 T
that (I) (we) last saw the deceased alive	1 . 12	1	at in(my) (aur) aplnian	death accurred an the dat
and haur and fram the causes stated above	e. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	4			OATE SIGNEO
Marsia Wangeli	M.O. Att		Stoff Phys.	0-3-65
23C. PHYSICIAN'S NAME (Type) MARCIR EVANGELI	5 + 4 M.O.	23D. ADDRESS	or Balto.	pareland
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR		OCATION (City, to	vn, or county (State)
Burial 10/5/65 7	sudon Park (emelery &	altimou	Maryland
the state of the s	WE OF REGISTRAR	25C. FUNERAL DIRECTOR	0.06	ADDRESS
OCT 5 1965 P. B. E. F.	authors	Mucoca 12	weller Bonce	4101 Wilkin



65 10182	BALTIMORE CI	TY HEALTH DEPARTMENT	10100
BIRTH NO.	CERTIFIC	ATE OF DEATH Registered No.	111182
M.E. CASE NO.		2, DATE AND HOUR OF DEATH	
Type or Print)	1 /		1111 1 - 11
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	C. Yaspe	7-30-65	11/2/h.N
. FEACE OF DEATH IN BALLIMORE MARIEAN		A. STATE B. COUNTY	ofton; residence before odmission
FULL NAME OF (If not in hospital ar inst	itution, give street	Maryland	BALLE
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN Outside city limits, write RUR	AL (ond give township)
12		Towson	53
211 0 11	1 11	D. STREET ADDRESS (If rurol, give location)	Λ
South Baltimore	GENE Pal Ho	so 703 Wash inato	n AVE.
SEX 6. RACE 7. M.	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeg/s	Under I Yr., If Under 24 Hrs
F 1.16:1- WI	DOWED, DIVORCED (specify)	3-11-1900 lost birthdoy) M	onths Doys Hours Min.
OL USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
one during most of working life, even if retired)		N 1 1	WHAT COUNTRY?
HOUSEWIFE OU	UN HOME	Mary land.	His.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Mish al	Co. D	Barhana Spannoll	
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.		***************************************
NO NONE		FAMILY KECORDS	
18.	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Y OM	Davids A A ST DESTINA	ONSET AND DEATH
LEADING TO DEATH		CINOMA OF RECTUM	MONTHS
(This does not meen the mode of dying heart failure, asthenio, etc. It meens the d			
injury ar complication which coused death			
ANTECEDENT CAUSES	(B)	PPENNYNONIN 000 000 000 000 000 000 000 000 000	
DISEASES OR CONDITIONS, if ony,			
rise to the above couse (A) stating			***************************************
UNDERLYING CONDITION last.			
Z CTILL SIGNIFICANT CONTROL CONTROL	INITIAL C.		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE ADTEPIAS	SCLERITIC HEART DISEASE	5 VEADO
WAS PERFORME	FOR WHICH OPERATION	20A. AUTORSY? (Yes or No) 20B. IF YES, WERE FINI	S OF DEATH?
21A ACCIDENT WAS UNDERLYING	218 81 4 65 65 1011187	is as about 200 WHERE DIS	A
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street,	in or about 28°C. WHERE DID (If in Baltimore Ci alfice bldg., INJURY OCCUR?	ty, give exact location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Year) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Wo		
		0 11	0-24
22. I certify that (this hospital) atte	inded the decessed from	7-7 19 65 to	9-30 19 65
that the (we) lost sow the deceased alive	ve on	0 19 65 and that in (our) opinia	n deoth occurred on the dat
and hour and from the causes stated ob	pove. (I) (\ta) (did) (did not)	view the body ofter death.	
23A SIGNATURE		23	B. DATE SIGNED
Kolo. + 7 (Sail	M.D. A	tending Med. Stoff Phys.	9-20-65
23 C. PHYSICIAN'S	ev '	hys. Director Phys. 23D. ADDRESS	
PANE (Type T DAN)	ICA	10 A- Cour	01, 14-0-
VODEKI I LYACK	LEK M.I	DULLIN DILLIO G CIVE	KHI MOSPIII
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	neth.	lown, or county) (State)
BURIAL NET 4.1915	BALTIMORE O	EMETERY BALTIMORE, N	1ARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. N	NAME OF REGISTRAR	25C4 FUMERAL DIRECTOR	ADDRESS
OCT 5 1965 00 0 0 0	FA OLHER OF	a dolon Musmes Long To	reson Just
C C C C C C C C C C C C C C C C C C C	y advantage	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or soil hills.

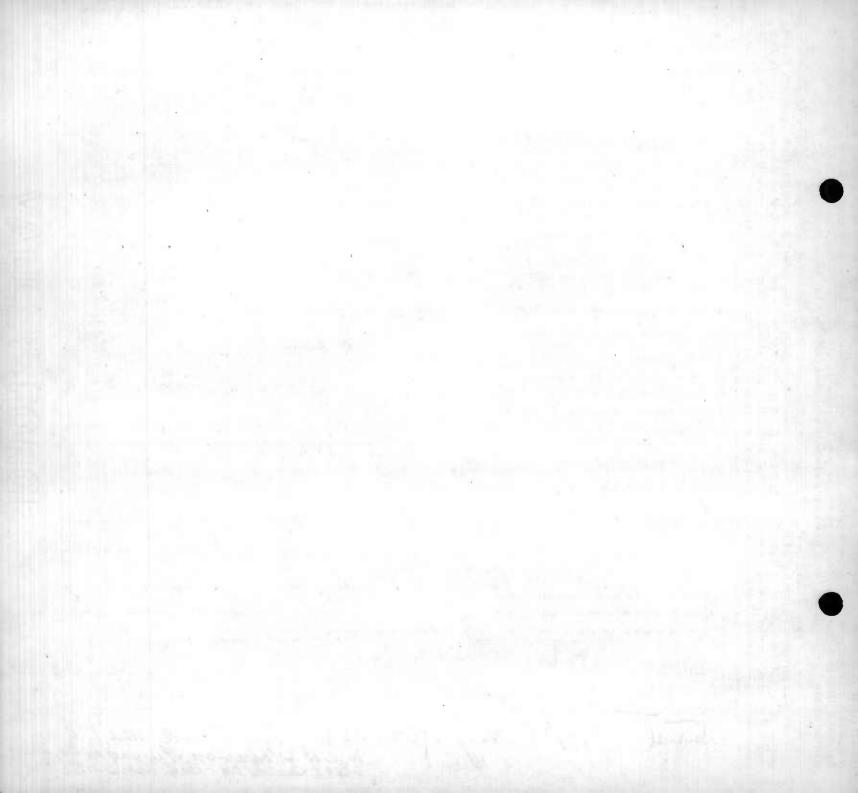


BALTIMORE CITY HEALTH DEPARTMENT



12-642	NOTH NO. 9-20 65 1
با و تا م	BIRTH NO. 9-20 65 1 M.E. CASE NO.
death death eased on the Such	T. NAME OF DECEASED
f de	HIVIVH
nospita se of (5) Dec ance o death.	3. PLACE OF DEATH IN BALTIMORE,
se se de de	FULL NAME OF (If not in hospi HOSPITAL OR oddress or local
a hos cause ise; (5) endand	INSTITUTION
in a hosping cause or cause; (5) De attendance ior to deat	Soully England
assistant if death occurred in a hospital and if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased ed death was in regular attendance on the dance on the deceased prior to death. Such or final disposition is made.	PUNIVERSITY F
ath occurred contribution regular deceased prior is made	5. SEX 6. RACE
eath occur or contrib ndetermin in regul deceased	FW
h con	10A, USUAL OCCUPATION (Give kind of videne during most of working life, even if retire
de inde	HOUSEWIFE
if decect o 4) Un was the c	13. FATHERS NAME
Fire ting	JOSEPH CAR
TANT istant the dir kind; (kind; (death ice on inal dis	15. Was Docased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or
Sist the the de de	No -
IMPORTANT or his assistant Also, if the dire re of any kind; (nounced death attendance on	18. 457 X I
his So, so, sen	DISEASE OF CONDITION LEADING TO DEA
ner or his as ner or his as ner. Also, if neture of any pronounced lar attenda	(This does not mean the made
A:	heart failure, asthenio, etc. It med injury at complication which cour
O min D D D	ANTECEDENT CAU
Kaminer. A fractu A ha pro regular	DISEASES OR CONDITIONS,
(3) (3) in vis a	rise to the above couse (UNDERLYING CONDITION last,
proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the obtained before the remains are embalmed or final disposition is made.	II
V Sir	O OTHER SIGNIFICANT CONDITIONS
A me me y b	TO THE DEATH BUT NOT R
Sich od od od od od od	19A. DATE OF OPERATION 198. CO WAS NOT 21A. A CIDEN WAS UNDER THE
E C C C C C C C C C C C C C C C C C C C	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF
4+ G (2)	OR CONTRIBUTING CAUSE OF
FUNERAL DI proved by the chief medica the hospital by a medical ny nature; (2) Body burns; except where the physicia and (6) No physician was	O 21D. TIME (Month) (Doy) (Ye
hos att	S OF INJURY
y n y n y n d	22. I certify that W (this hospi
e o l	that (X) (we) last saw the dece
of of of the period of the per	and haur and from the causes s
ust be ceased to ident of nospital	234. SIGNATURE
ho o o	Wram & BAA
This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be	23C. PHYSICIAN'S NAME (Type)
An An property	NAME ITYPE W
/ 4 0	24A. BURIAL GREMATION, 24B. DATE
This certif the body shows: (1) was D.O./ deceased	Buren 10/41
This certhe boc shows: was D.	25A. DATE REC'D BY HEALTH DEPT.
### * \$ \$ \$	1 OCT 5 1965 A C.

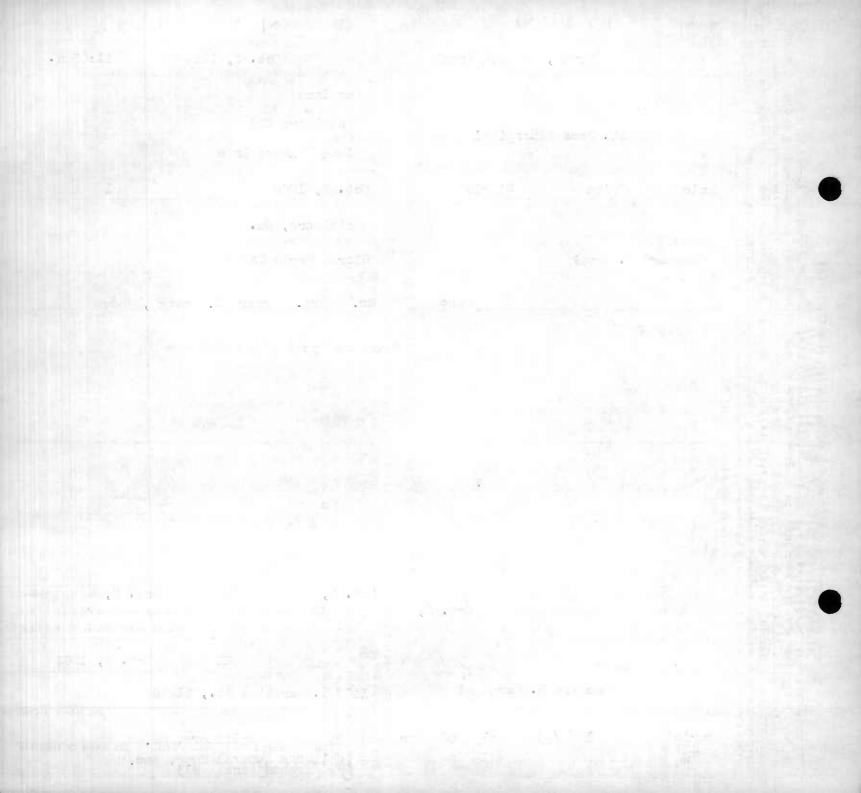
0 00 10 1111	BALTIMORE CITY		1/1	15 7554 KD 4
BIRTH NO. 9-20 65 10181	CERTIFICA	TE OF DEATH D	R REDUSTALER RA	O LULEBI
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE/AN	7-25-03	<u>C</u>
17 0:-11 / 0 / 100 0:0	BORCES			111-1
HNNA MARIE	. Dolcre?	,	1	4:45 Hm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	e deceosed lived. If instit TY	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give	street	MARVLAND	RNITIN	nore
HOSPITAL OR oddress or location)	sireer	1	ido city limits, write RUR	
INSTITUTION		BALTIMOR		(2)
Duly Trong I lessen			urol, give location)	0 - 0 - 0
PUNIVERSITY HOSPITAC		1000 -	7.1 - 1	ROAD
5. SEX 6. RACE 7. MARRIED, NE	VED AA ABBIED			
WIDOWED, D	VORCED (specify)		ost birthdoy)	Under 1 Yr. If Under 24 Hrs.
t w mar	enieo	10 19 15	47	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE Stote or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		PENNA.		1/5/2
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	LE.	0317
	(0-1)			(017)
JOSEPH CARROLL	(DEC.)	ECIZABE	TH BUTT	(DET.)
	SOCIAL	17. INFORMANT	E20	ST. APPATRICK Rd.
L/	SECURITY NO.	HUSBAND	201	ST. APPHTRICK Rd.
No		1,100	DHCI	
18. 452 X I	CAUSE O	DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	3	ain Edemo		2 20.10
(This does not mean the made of dying, e.g.,	(A) 0/10	WY Eastin		3 00043
heart failure, asthenio, etc. It means the disease,	DOE 10			/
injury ar complication which coused deoth.)	Clin	nula (a) can	OTID ANEUR	Ven. 5 days
ANTECEDENT CAUSES	(B) CLO	17114 G C1712.	or in inverte	yorn o acys.
DISEASES OR CONDITIONS, if any, giving	00110			
rise to the above couse (A) stoting the	(C)		**********************	
UNDERLYING CONDITION last.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	DIZEVIOL	3 CLGATION	1 Rt	11/10
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	INTERN	ni inn -in	Antony	
A DISEASE OF CONDITION CAUSING II.				
9/24/65 WAS PERFORMED SM	CH. OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED S OF DEATH?
		Roma No	o Children	
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
DEATH (notify medical examiner)	-			
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY				
> While	At Not While	• —	,	
(APPROX.) While Work	At Work		1- 01	0
≥ (A PROCY)	At Work	° a 14 -	965 10 9/	30 1965,
22. I certify that (this hospital) attended the	At Work	9/14	9 (15 to 9/3	30 19 (5 ,
(APPROX.) While Work 22. I certify that W (this hospital) attended the certification (we) last saw the deceased alive an	deceased fram	9 14 11 19 65 and tha	9 (5 to 9/0 t in(my) (3/2) opinio	30 1965,
(APPROX.) While Work 22. I certify that W (this hospital) attended the certify (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (V	deceased fram	9 14 11 19 65 and tha		
22. I certify that (this hospital) attended the attended that (we) last saw the deceased alive an	At Work deceased fram	19 5 and that iew the bady after death.	23	n death accurred an the date
22. I certify that (this hospital) attended the certify (we) last saw the deceased alive an	At Work deceased fram	and the last of the bady after death.		
(APPROX.) While Work 22. I certify that W (this hospital) attended the certification with the course stated above. (1) (Value of the course stated above. (1) (Value of the course stated above. (234. SIGNATURE of the course stated above. (234. SIGNATURE of the course stated above. (234. SIGNATURE of the course stated above. (3) (Value of the course stated above. (4) (Value of the course stated above. (4) (Value of the course stated above. (5) (Value of the course stated above. (6) (Value of the course stated above. (7) (Value of the course stated above. (7) (Value of the course stated above. (8) (Value of the course stated above. (1)	At Work deceased fram. Q 30 (did) (did net) v M.D. Atto	and the last of the bady after death.	Stoff 23	
(APPROX.) While Work 22. I certify that W (this hospital) attended the centre of that (a (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (Vector) 23. SIGNATURE	At Work deceased fram. Q 30 (did) (did net) v M.D. Atto	and the lady after death.	Stoff 23	
(APPROX.) While work 22. I certify that W (this hospital) attended the center of that (X (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (X 234. SIGNATURE 236. PHYSICIAN'S NAME (Type) C. BUT CEVE	At Work deceased fram. () (did) (did-net) v M.D. Atta Phy	and the second of the second o	Stoff 23 HUSPITA	B. DATE SIGNED
(APPROX.) While work 22. I certify that W (this hospital) attended the center of that W (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (V 234. SIGNATURE 23C. PHYSICIAN'S NAME (Type) While work While work While work While work Work That I work While work Work Work That I work OF TOTAL REPORT COME The property of the company of t	At Work deceased from Q (did net) v M.D. Atto	and the second of the second o	Stoff 23 HUSPITA	
(APPROX.) While work 22. I certify that W (this hospital) attended the centre of that (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (Vector of the county of the centre of th	At Work deceased fram. () (did) (did-net) v M.D. Atta Phy	and the law the bady after death. Inding Med. Biroctor 23D. ADDRESS WM LV LG EMATORY 24D. 10	Stoff 23 HUSPITA	B. DATE SIGNED
22. I certify that W (this hospital) attended the centre of that (N (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (N 234. SIGNATURE 23C. PHYSICIAN'S NAME (1) (P) CONTROL OF THE C	At Work deceased from Attach M.D. Attach M.D. Attach M.D. E of CEMETERY 701 CRE	and the law the bady after death. Inding Med. Biroctor 23D. ADDRESS WM LV LG EMATORY 24D. 10	Stoff 23 HUSPITA	B. DATE SIGNED 9/34/(Jown, or county) (Stote)
22. I certify that W (this hospital) attended the centre of that (N (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (N 234. SIGNATURE 234. SIGNATURE 236. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME (Type) 24C. NAME (Type)	At Work deceased from Attach M.D. Attach M.D. Attach M.D. E of CEMETERY 701 CRE	and the law the bady after death. Inding Med. Biroctor 23D. ADDRESS WM LV LG EMATORY 24D. 10	Stoff 23 HUSPITA	B. DATE SIGNED 9/34/(Jown, or county) (Stote)



1/ 1	1/4				BALTIMORE CITY	HEALTH DEPARTMENT	T ,	
1-1	40	BIRT	1 NO. 65	10185	CERTIFICA	TE OF DEATH	Registered No.	05 40405
10	sed the the		CASE NO.	T			AND HOUR OF DEATH	65 111185
	School		e or Print)	DI. VA.	DIAN ST.		L 1 19/	C LATTIME IN D.
	F - 9 0	3. P	ACE OF DEATH IN BALTIMORE	MARYLAND	יוב טורווכ	4. USUAL RESIDENCE	Where deceased lived, II i	institution: residence before admission)
ب	at 6 Dog			,		A. STATE B. CO	DUNTY	
CA	hos Se an de		JLL NAME OF (If not in hosp OSPITAL OR oddress or los	oital or institution, giv	e street	MARYLAND		ARUNDLE
_	se; se; to to	- 1	ISTITUTION					RURAL and give township)
MED	T D T		HE JOHNS HOPKI	NS HOSPI	IAL	D. STREET ADDRESS	RIVERA E	SEAUR 52
2_	P.E. 9 B.E.	12	5					
里	ar ar	5, S	X 6. RACE	7. MARRIED, N	EVER MARRIED	246 CARV	9, AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
F	m ded		M		ARRIED	9-6-02	lost birthdoy)	Months Days Hours Min,
L.	oon ne re re sis	10A	USUAL OCCUPATION (Give kind of				foreign country)	12. CITIZEN OF
0	the end	don	during most al warking life, even it reti-	red)				WHAT COUNTRY?
•	S P I		rniture Salesm	an Sears		Baltimo		
8	f d	13.	ATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
S	ire (4		JAMES KAPLAN				Novotny	
HAUSER S TANT	at da	15.1	os Deceased Ever in U. S. Armer	dotes of service)	6, SOCIAL SECURITY NO.	17. INFORMANT 4129 Glen	Park Road	#36 ADDRESS
	kir kir de de		no		-03-1972	Rudolph J.	Kaplan, Jr.	son
ORN.	الم الم		B. // > 0 / 1		CAUSE OF	DEATH		INTERVAL BETWEEN
PISI	al o		DISEASE OR CONDITION	DIRECTLY	./.	4 40 1	. /	ONSET AND DEATH
S	VIS VIS VIS VIS VIS VIS VIS VIS VIS VIS		LEADING TO DEA		(A) MY	10CANCHAL L	reforction	Sev. mins.
m z	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		(This does not mean the mode heart failure, asthenia, etc. It ma		DUE TO	perfusion	0	
OR OR	ne n		injury or complication which can		141	Markers.		>
A L	fre fre		ANTECEDENT CAL	ISES	DUE TO			
I ON	X A A		DISEASES OR CONDITIONS,		Act	Peis Seles	P 21	?
0 0 2	9 (S) E in	١.	rise to the above couse UNDERLYING CONDITION last		(C) 1 7 7 7	eero accor	~	
ZOD	lical tal 18; icic		- II					
507	did did	O	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT		0.0		()	
2 2	m mempy by	ATIO	DISEASE OR CONDITION CAUSI	NG IT.		sive LeA		
E O Z	od od	RTIFIC	9A. DATE OF OPERATION 19B.	CONDITION FOR WE	IICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
S	re h	144	21A. ACCIDENT WAS UNDERLYIN	218 81	ACE OF INTURY (o. o. in	or about 21 C. WHERE DI	D (If in Rollima	re City, give exact location)
EA	(2) (2) ere		OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	hame,	form, factory, street, aff	ice bldg., INJURY OCCU	R?	re City, give exact locolori
딥	N. E. E. S. C.	0						
<u>~</u>	d k		21D. TME (Month) (Day) (Y DF INJURY	ear) (Hour) 21E, II While	AI Not While		INJURY OCCUR?	
z.	Pu de	•	(APPROX.)	Work	At Work			01.5
	pro the ny exc an		22. I certify that 🔑 (this hos	oital) attended the	() / _	1323	19 65 10	7/25 1965.
0	ap fal (al h);		hat 🍂 (we) last saw the dec	eased alive an	7/25	ARRIVED Don'	d that in the (our) con	inion death accumed an the date
SIL	0705+-		and haur and from the causes	stated abave.	(We) (did) (did not) vi	ARRIVED D	oth.	12.29 AII
HAS	eased eased ident hospit o deat must		3A. SIGNATURE					23B, DATE SIGNED
S	must eleas ccide hos to de		Withe	Doller	SIL M.D. Atter	nding Med. Director	Stoff Phys.	10/2/65
S &			23C. PHYSICIAN'S	pour		3D. ADDRESS	1/	1,0,
NEA	was An An C		NAME (TYP) SOON	LEVIII	M.D.	TOVANO	: Haali	us Hass
	y was r y was r (1) An a).A. at d prior	24A	BURIAL CREMATION, 148. DAT	E 24C, NAM	AE of CEMETERY OF CRE	MATORY 24	D. LOCATION (C	City, town, or county) (Stote)
- A	E 7000 -		REMOVAL (Specify)		y Redeemer		Baltimore,	
THIS	s constant	254	DATE REC'D BY HEALTH DEPT.	25B. NAME OF				
	This certification of the body shows: (1) was D.O. deceased written a	000	T F 400F A 6	20.00	Ene his in	Schamune	Funeral H	ome. Inc.
		W.	1 5 1965 (P.O.)	28.30.18	4.7	0 3031 B	renms Lane	

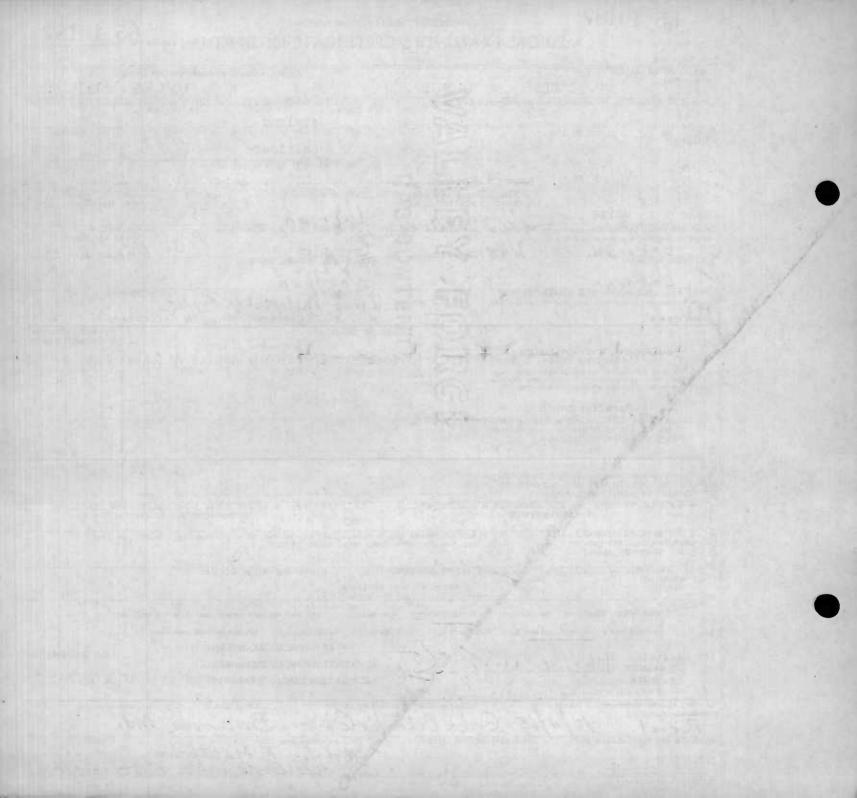
Bouther Street, Discount the Holeson Anglino, also A TOTAL OF THE PARTY OF THE PAR the stand son usy along a primer particle.

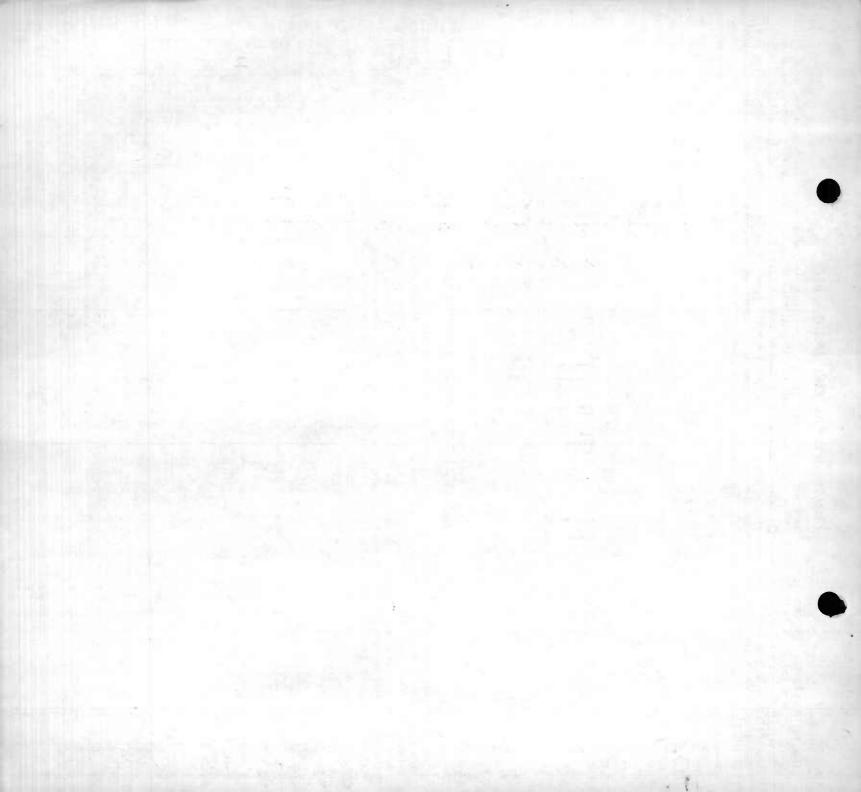
	65 101	86	BALTIMORE CITY		. 1		05 40400
M.E. CASE NO.	101. 60	100	CERTIFICA	TE OF DE	ATH Reg	istered Na.	05 10186
Type or Print)		Kenneth	Frank	[2	Oct. 3,		11:05 a.
PLACE OF DE	ATH IN BALTIMORE MA		1 - Lattr	4. USUAL RESIDE			titution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) St. Joseph Hospital		Maryland	B. COUNTY (If outside city		JRAL ond give township)		
		D. STREET ADDRESS (Ill rurol, give locotion) 1004 Foxwood Lane			0 5 -7-0		
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE	In years	II Under 1 Yr., If Under 24 H
Male	hite WIDOWED, DIVORCED (specify)		Oct. 2, 1	L965 lost birth	doy)	Months Doys Hours Min.	
			BUSINESS OR INDUSTRY			ry)	12. CITIZEN OF
one during most of	working life, even if retired)			Baltimor	o, Md.		WHAT COUNTRY?
3. FATHER'S NA	ME	= (-17)		14. MOTHER'S M.	AIDEN NAME		
Bernard	d.T. Novek			Gloria Ma	arie Saffa		
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
			None	Mr. & Mrs	. Bernard !	I. Novak	. Above
18. TOISEA	SE OR CONDITION DIE	RECTLY	CAUSE O				INTERVAL BETWEEN ONSET AND DEATH
DISEASES (rise to the UN DERLYIN)	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost, II IFICANT CONDITIONS C	any, giving sloling the	(B)				
TO THE D	CONDITION CAUSING I	TED TO THE		20A. AUTOPSY?	(Yes or No) 20B. If	YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED		No	IN CE	RTIFYING CAU	SES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING DING CAUSE OF medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, lorm, foctory, street, of	n or obout 21C. WHI fice bldg., INJURY	ERE DID DC CU R?	(If in Boltimore	City, give exact location1
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED le At Not While k At Work		W DID INJURY OC	CUR?	
that (I) (we)) last saw the decease	d alive an	Oct. 3,	19 65	and that in (m		Octs 3. 19.65 ian death occurred an the c
23A. SIGNATU	JRE		2				23B. DATE SIGNED
to	solve M.	Cons	M.D. Atte	ending Me s. Dire	ector Stoff Phys.	1	Oct. 3, 1965
23C. PHYSICIA NAME (1				23D. ADDRESS	Caroline St		3
4A. BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City	, town, or county) (State
Burial	10/4/6 BY HEALTH DEPT.	5 Ho	y Redeemer Ce	emetery	Balti	imore, M	d.
OOT E	10CE A A	O OF	7 ET O	Schimu	nek Funera	l Home.	Inc.
S 150-REV. 1/1/	1303 (17.0. 15	भूति स्थापन	Lo,, 18 1	1 233 T. B	rehms Lane	#13'	



65 10187

BIR	TH NO.	MEDI	CAL EX	(AMINER'S C	CERTIFICA	TE OF	DEATH Registe	red Na. 1U.LO
M.	E CASE NO.							
1. (Tv	NAME OF DE	CEASED				2. DATE AN	ID HOUR PRONOUNCE	ED DEAD
'		LOUI	S	POLOKOS			10/1	1/65 11:30 a. M.
3.	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	tution: residence before odmission
E11	I NIAME OF	/IE NOT IN HOSPITA	L OR INICTITI	ITON CIVE STREET	11 00	rvland	s, coo	NII
HC	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	TION)	JIION, GIVE STREET	C. CITY OR TO	WN (If outsid	le corporote limits, write	RURAL and give township)
IN:	IIIUIION				В	altimor	e 18	-13
d	^				D. STREET ADD	RESS (If rurol,	give location)	9)
1	-0	817 W.	[.ombard	St.		817 W.	Lombard St.	
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
1	ale	white	WIDOWED,	DIVORCED (specify)	11.		lost birthdoys	Months Doys Hours Min.
		UPATION (Give kind of work		CHOWN	Unkno	wn		10 017771
		working life, even if retired)	I I	BOSHESS OF HEDOSH	SIKIHILACE	(3) or or lorely	gn country/	12. CITIZEN OF WHAT COUNTRY?
2.2	FATHER'S NAM	Chown	Unk	nown	Greec			Unknown
13.	AIHEKS NAN	16			14. MOTHER'S M	AIDEN NAM	E	
	Unk	cnown			Unkno	nwn		
(Yes	, no or unknown	D EVER IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1. 1. ota	hos Societ	ADDRESS
1	Inknown				May Joh S	nchocles	5 Pres 726 5.	Oldham St. Balto. 44
	1B.	-		CAUS	E OF DEATH	opriorite o	7	INTERVAL BETWEEN
	440	1						ONSET AND DEATH
	DISEA	SE OR CONDITION DIE LEADING TO DEATH	RECTLY	Arterio	sclerotic	cardio	vascular dis	sease
	(This does	not meen the mode of	dying, e.g.,	DUE TO	***************************************			***************************************
	injury or co	osthenio, etc. It means mplication which coused o	de oth.)					
	4	ANTECENDENT CAUSE	s					THE PERSON NAMED IN
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)				***************************************
	UNDERLYII	E ABOVE CAUSE (A) ST	ATING THE					
Z				(C)		***************************************		
E		II						
0		NIFICANT CONDITIONS OF DEATH BUT NOT REL						
1	DISEASE O	R CONDITION CAUSING	IT.	***************************************			***************************************	***************************************
CERTIFICATION	19A. DATE OF	OPERATION 198, CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	IN CERTIFYING CAUS	
1	0				no			
5	UNDERLYING	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	office bldg, INJURY	VHERE DID	(If in Baltimore City, giv	re exoct locotion)
EDIC	UTING LCAU	SE OF DEATH.	etc.)					
	21D TIME	(Month) (Doy) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. H	DW DID INJ	JRY O CCUR?	
	(APPROX.)			HILE AT NOT	WHILE			
	22.		m. V	VORK LAT V	VORK			
	l cert	tify that I held an Ir	nquiry	Inspection X Au	otopsy and	d that on th	is basis, death in m	y opinian
	resul	ted from: Natural cau	ses X A	ccident Suici	de 🗌 Hamici	de 🗌 📗	Undetermined manne	r 🔲
		1		1.1-	CHIEF M	EDICAL EX	AMINER	
	SIGNAT		- 411	4 ("	ASSISTANT M	EDICAL EX	AMINER X	DATE SIGNED
	EXAMIN			Mol	ASSOCIATE M			10/1/65
	NAME (. Spitz	. M.D.				
	. BURIAL CRE	MATION, 238, DATE		NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	town, or county) (State)
KEA	Bus	1 10/4	15 6	reck Ortho	dax Comot	for F	Bitimore	Md.
244	DUTIA DATE REC'D	BY HEALTH DEPT.	24B NAME	OF REGISTRAR	24C. FIINED	AL DIRECTOR	- Comore	ADDRESS
	007	4005			Nichol	I demonstrated	Matthens	
	UCI 5	1965 A C. F	CI	O. H.A	300	31 Fax	tern Ave	Baltimore Md
VS	151-REV. 1/1/	65	1 1-7		0 0 7		1	The state of the s

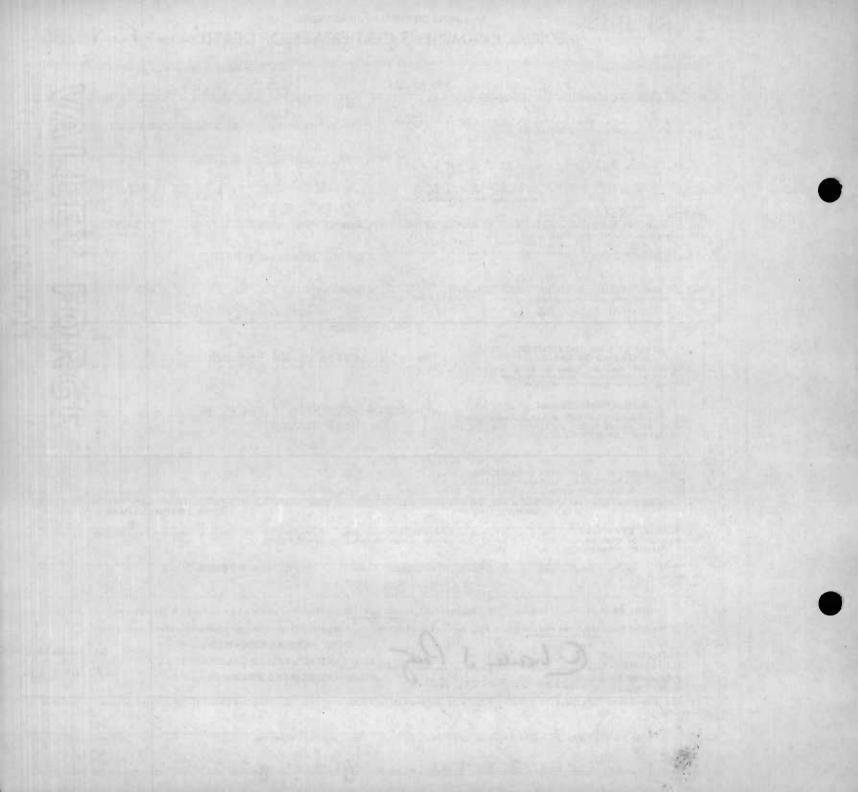


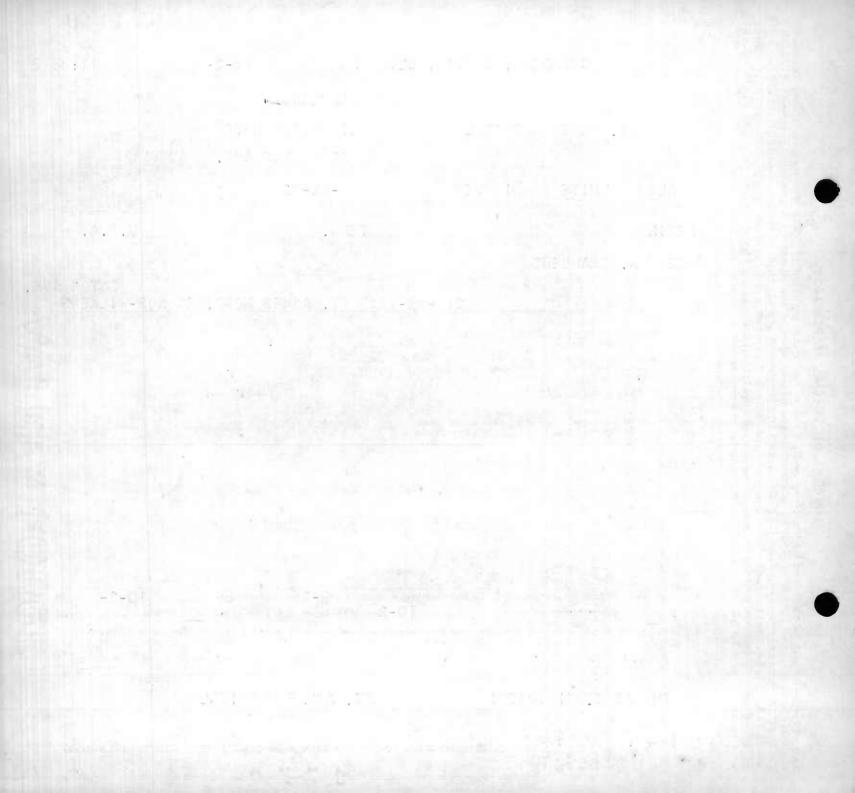


BIRTH NO.

VS 151-REV. 1/1/65

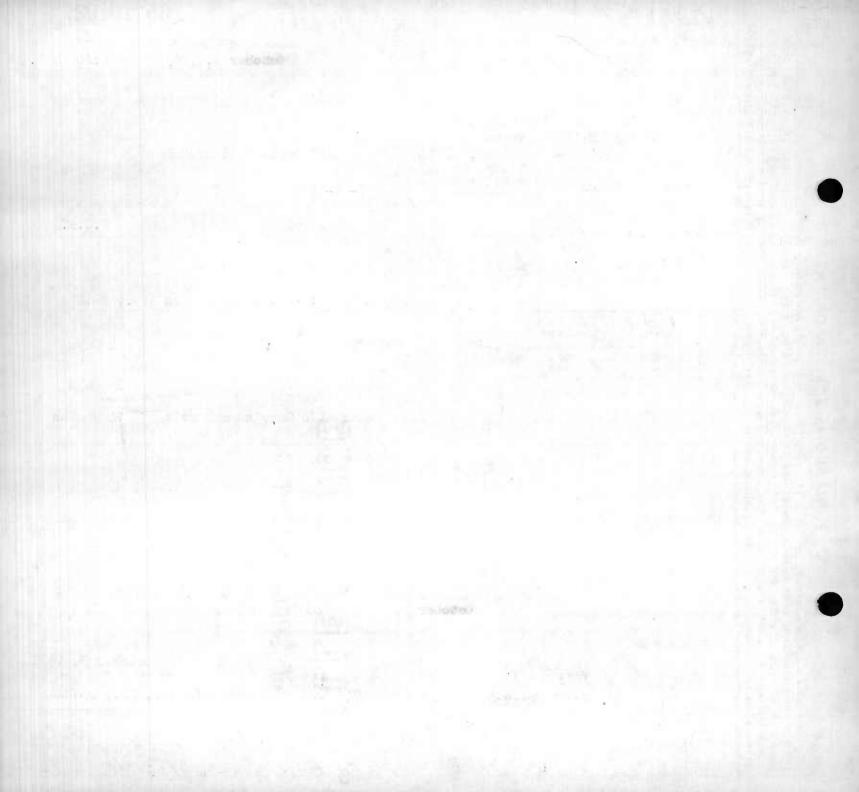
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered NG 5 10189
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
PRESTON McCLUNG	October 2, 1965 8:00 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
South Baltimore General Hospital	Baltimore D. STREET ADDRESS (If rurol, give locotion) 3826 Fairhaven Avenue.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male White Widowed, DIVORCED (specify)	12-10-21 last birthdoy) Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during host of working-life, ever if reflired)	17. MRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no a unknown (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
7ES. WW # V	FAMILY DAME
118. CAUSI	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1
(This does not meon the mode of dying e.g., heort foilure, osthenio, etc. It meons the discose, injury or complication which caused death.)	ve subarachnoid hemorrhage
injuly of complication which coused death.	
	ed aneurysm of right anterior
	cerebral artery
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. Date of OPERATION WAS PERFORMED	
DISEASE OR CONDITION CAUSING IT.	LOOA ALIZOREVO (V ALIZOREVO (V ALIZOREVO ESPECIALIDADES CONCIDENTED
HO 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE WHILE
22. I certify that I held on Inquiry Inspection Au	utopsy and that on this basis, death in my opinion
resulted from: Notural causes X Accident Sulcident	de Homicide Undetermined manner
ACTUAL Charles & Perty of	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Charles S Petty M.D.	ASSOCIATE MEDICAL EXAMINER 10/2/65
NAME (Type) STATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL ISSOCION 9-5-65 PERSANCI	T VIEW KAINELLE W. Va.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. PUNERAL DIRECTOR ADDRESS
OCT 5 1965 DOLE 0 7 0 00	Mc(ully-141.402 + 50)]





69 10131	BALTIMORE CITY	HEALTH DEPARTMENT	0.5	10404
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.65	11/19/
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Pfinite to the Tyles	4		10/2/64	435 AM
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceased lived. I instit	utian: residence before admission)
FUIL NAME OF (If not in hospital or institution,	give street	Marylan	1)-	75-04
HOSPITAL OR oddress or location)	1 -1 1	C. CHY OR TOWN (IF out	side city limits, write RUR	(AL and give township)
Maneland General to	tosp, tol	Daltmo	9,	
Dialliand of Marin		1110 -	rury give location)	
SEX G. RACE / IZ MARRIED.	NEVER MARRIED	4001	TTV SI	(1) 1 1 2 2 (1) 1 2 (1)
	D, DIVORCED (specky)	17 13 0	9. AGE (In years In Not birthdoy)	f Under 1 Yr. If Under 24 Hrs.
DA. USUAL OCCUPATION (Give kind of work) 108, KIND OF	F RUSINESS OR INDUSTRY	13 0	5 8.	12. CITIZEN OF
one during mast of working life, even if retired)	- OOTHESS ON INDUSTRI	DI		WHAT COUNTRY?
Manployed.		Washin		N.C.N
S. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	9	
Victor Tyles		l'abe l	kan i	
5. Was Deceased Ever in U. S. Armed Forces? res, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Na	216-18-7349	+AMIL	y - Vace	e
18. 4/04	CAUSE O	F DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PUL	MONARY ET	XMA	
(This does not meen the made of dying, e.g.,	(A) *		***************************************	
heart failure, osthenio, etc. It means the disease, injury ar camplication which caused death.)	W.	on succe	2 SA (SA)C	
ANTECEDENT CAUSES	(B)	المراح المامرا	relevas	2.44.000000 0 .74.000000000 0 .0000000000
DISEASES OR CONDITIONS, if any, giving	DIL	RAL INSUFF	not Non	are
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(C) JC14	-00 W MC 100	x-1 000	2736
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED
		Yes.	12	\$
_ OR CONTRIBUTING _ CAUSE OF hom	ne, loim, foctory, stieet, o	ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
DEATH (notify medical examiner) etc.				
UF INJURY	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	ork Not While			,
22. I certify that (I) (this haspital) attended t			1965 10	10/2 1965
that (I) (we) lost saw the deceased alive on	(0)7	19 65 ond th	ot in(my) (our) opinio	on death occurred on the date
ond hour and from the causes stated above.			711	
23A. SIGNATURE	4		23	B. DATE SIGNED
1 : Hoole 1 arook	M.D. Att	s. Med. Director	Stoff Phys.	10/2/65
23C. PHYSICIAMS		23D. ADDRESS	1 11	I k
J. Stephen Illarge	Olis M.D.	Illa. Gen	eral H	030
	AME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (Stote)
0/6/15	(% JAR	Heel.	haret.	- ·
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C FUNERAL DIRECTOR	o Cource	ADDRESS
OCT 5 1965 P. D. A. E. S.	FOID MEN IS	Wir Cerela	Fernal	Hares
1000 (1, C.)	ASSAUGH PORT			1

Mark mywinancy



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a hospital and

Type or Print)	Henrietta			00	tober 1, 196	5 12:50 R
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	(Where deceased lived. If OUNTY	institution: residence before admi:
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location		give street	Maryland c. city or town	Of outside city limits, write	e RURAL and give township)
2 G	Provident			Baltimore D. STREET ADDRESS	(If tural, give location)	
0	Baltimore	, Maryl	and	2012 Madiso	n Avenue	
Female	6. RACE Negro	Marri		1-27-99	9. AGE (In years lost buthday)	Months Days Hours M
ane during most of	UPATION (Give kind of work working life, even if retired)	10B, KIND OI	F BUSINESS OR INDUSTR	Virginia	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA		1		14. MOTHER'S MAIDEN	NAME	
D.	males Vent			774		
5. Was Deceased	Duglass Harris Ever in U. S. Armed For Dillf yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	Virginia D	•	ADDRESS
	No			Mr. William	H. Britt, Jr.	, 4206 Duvall Ave
(This does	SE OR CONDITION DIR LEADING TO DEATH not mean the mode of asthenia, etc. It means	dying, e.g., the disease,	DUE TO	Sepatic Coma		INTERVAL BETWEEN ONSET AND DEATH
OISEA (This does hearl failure, injury or con DISEASES (In the UN DERLYIN) OTHER SIGN	LEADING TO DEATH not mean the mode of asthenia, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last.	dying, e.g., the disease, death.) any, giving stolling the the Le.	(A) H DUE TO (B) DUE TO (C) Met ft Colon		carcinoma of	
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	LEADING TO DEATH not mean the mode of asthenia, etc. It means in plication which caused antecedent Causes OR CONDITIONS, if e obove couse (A) G CONDITION last. IFICANT CONDITIONS CONDITION CAUSING IF OPERATION 1198. CON	dying, e.g., the disease, death.) any, giving stating the the Le. ONTRIBUTINATED TO THE T. DITION FOR	(A) H DUE TO (B) DUE TO (C) Met ft Colon	lepatic Coma Liver Failure		ONSET AND DEATH
OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONT	LEADING TO DEATH not mean the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION last. IFICANT CONDITIONS CONSTANT OF RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF	dying, e.g., the disease, death.) any, giving stating the the Le. CONTRIBUTINATED TO THE T. DITION FOR TORMED TO THE C. The C. 218	(A) H DUE TO (B) DUE TO (C) Met ft Colon G WHICH OPERATION OOOn PLACE OF INJURY (e.g., lorn, loctory, street, ce, lorn, loctory, street, loctory, loctory, street, loctory, loct	epatic Coma Liver Failure	or No) 20B. IF YES, WERIN CERTIFYING C	
OTHER SIGN TO THE DISEASE OR CONTRIBUTION OF C	LEADING TO DEATH not mean the mode of asthenia, etc. It means in plication which caused anteceptor of the course	dying, e.g., the disease, death.) any, giving stating the the Le. ONTRIBUTINATED TO THAT. T. DITION FOR FORMED f the C. (Hour) 21E	(A) H DUE TO (B) DUE TO (C) Met ft Colon G E WHICH OPERATION OLON PLACE OF INJURY (e.g., larm, loclory, street, e.g.) INJURY OCCURRED ille At Not Wh	Liver Failure Lastatic Adenoce 20A. AUTOPSY? (Yes of Note	or No) 20B. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
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OTHER SIGN TO THE DISEASE OF TO THE DEATH (notify (APPROX.) 22. I certify that (I) (we) and hour on 23A. SIGNAM	LEADING TO DEATH not mean the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION for the conditions of the condition of	dying, e.g., the disease, death.) any, giving stating the the Le. CONTRIBUTIN NATED TO THAT. DITION FOR FORMED for the C. (Hour) 21E hom etc. (Hour) 21E who would do live on Leter dead obove.	(A) H DUE TO (B) DUE TO (C) Met ft Colon GE WHICH OPERATION OLON CPLACE OF INJURY (e.g., 10rm, loclory, street, 10rm, lock, l	20A. AUTOPSY? (Yes of No of the hold of tending of the hold of t	Or No) 20B. IF YES, WERIN CERTIFYING COMPANY OCCUR? 19 65 to Octood that in (my) (our) opens.	E FINDINGS CONSIDERED AUSES OF DEATH? Die City, give exact location? Die 1, 19

Baltimore Maryland
25C. FUNERAL DIRECTOR ADDRESS 25A. DATE HEALTH DEPT. 258, NAME OF REGISTRAR Charles R. Law Mortuary 802 Madison Ave. VS 150-REV. 1/1/65

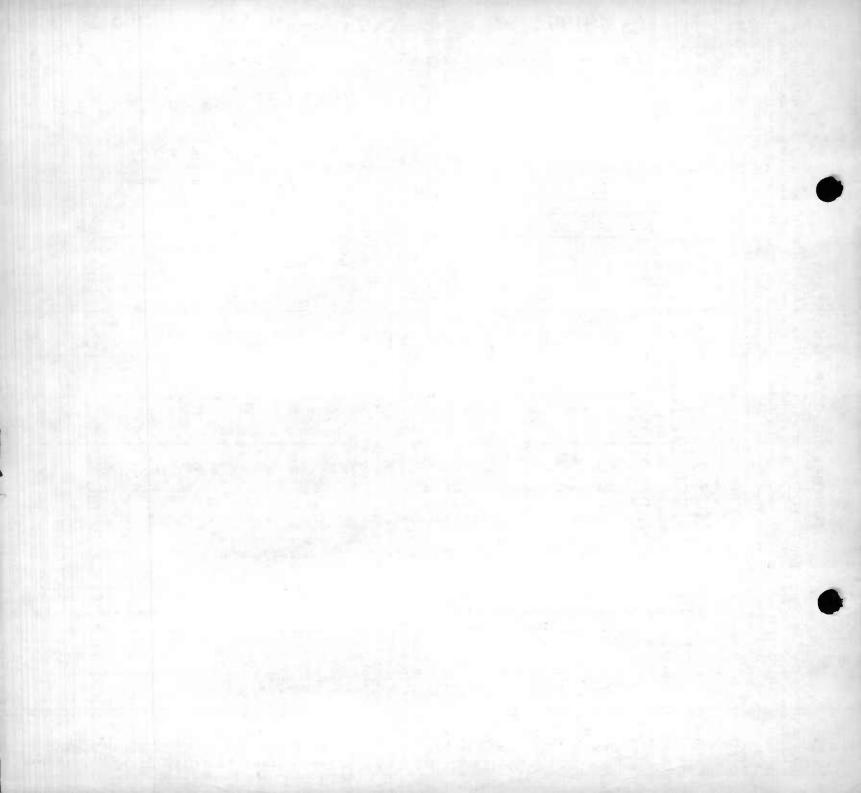
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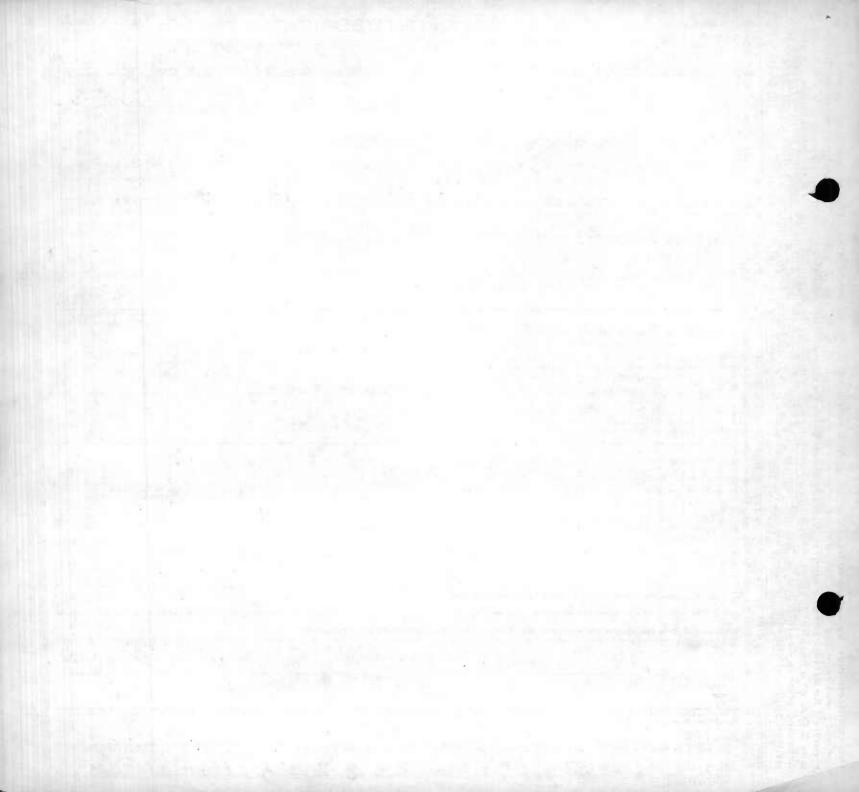
Frederick Co. That		HEALTH DEPARTMENT	X	65 10195
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)	CERTIFICA	TE OF DEATH	Registered Na.	00 1.01.00
1, NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	2
3. PLACE OF DEATH IN BALTIMORE MARYLAND	0			2'. 15 P. N
FULL NAME OF (If not in hospital or institution, oddiess or location) INSTITUTION	give street HOSPITAL	MARYLAND B. CO	DUNTY	RURAL and give township)
33	FOSPINO	RT. # 1	(If rurol, give location)	
M WIDOWED NEW	NEVER MARRIED , DIVORCED (specify)	B. DAYE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His.
TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even it retired) None	BUSINESS OR INDUSTRY	USA	foreign country)	12. CITIZEN OF WHAT COUNTRY?
T3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
. LARRY JAMES BOSTIAN		MARY FR	ANCES WARNE	R
Wos Deceased Ever in U. S. Armed Forces? Wes, no or unknown) (It yes, give wor or dotes of service)	SECURITY NO,	Larry Bosti	an Thurm	ont, Md. RD 1
18.756,2-1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Na	Ai Alla.	+ A11	ONSET AND DEATH
(This does not mean the made of dying, e.g.,	(A) CCC	aco- respon	alory air	<u> </u>
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	D	/_		
ANTECEDENT CAUSES	(B) Inc	nmonn.	Ollua los	Lusion!
DISEASES OR CONDITIONS, if ony, giving	DUE TO	10 -1		
rise to the above cause (A) stating the	1010	W-00 (-	< yestula	
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE	Ruma	Territy: here	es believels	inesica
19 A PATE OF OPERATION 198. CONDITION FOR WAS PERFORMED TO THE TOTAL TO THE TOTAL TO		20 A. AUTOPSYTYES O	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. hom of CAUSE OF DEATH (notify medical pagning)	e, form, foctory, street, a	n or obout 2 C. WHERE DI	(It in Boltimo	re City, give exoct locotion)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S OF INJURY (APPROX.)	le At Not Whi	le 🗌		
22. I certify that (V) (this hospital) attended the		9/28	19 650	1965
that (I) (we) just saw the deceased alive an	10/2	1065		inian deoth occurred on the do
	\ (W-\ (to t\ \ (to \)			inian deoth occurred on the do
and havr and from the causes stated abave. (I) (πe) (did) (did nat) ·	view the bady after dea	th.	23B. DATE SIGNED
days 21/1/ (2000)	M.D. All	ending Med.	Stott [10/2/
PHYSICIANS	7 Phy	s. Director	Phys.	12165
23C. PHYSICIAN'S NAME (Type)	25 (4.0)	23D. ADDRESS		
XHULLIET W. COUSSO	M.D.	JOHNS 4DI	KINS HOS.	PITAL. BALTIM
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME OF CEMETERY OF CR		LOCATION (C	ity, town, or county) (Stote)
	ue Ridge Ce			red. Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	FUNERAL DIREC	JOR	ADDRESS
OCT 5 1965 A 0 A-8 74	0.50	Masmond	5 Curan	Thurmont, Md.
S 150-REV. 1/1/65	7	1/		



M.I	E. CASE NO.	ATE OF DEATH Registered No. 65 10196
(Ту	pe or Print) LENA ZION Zentz	10-3-65 2 P,
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR address or location)	MARYLAND. 13-13
	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
2	Sinai Hospital	D. STREET ADDRESS All rutol, give location)
		14401 PALL MALC 120.
. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months; Doys Hours; Min.
0.3	A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTR	11-17-86 19
	ne during most of working life, even if retired)	WHAT COUNTRY?
12	FATHER'S NAME	Marie USA
131		14. MOTHER'S MAIDEN NAME
15.	Vas Deceased Ever in U. S. Armed Farces? 16. SOCIAL	ESTHER 17. INFORMANT ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Dougliter Jeanette Smelkinson #15.
	000	OF DEATH INTERVAL BETWEEN ONSET, AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cuito (aureatitis) Three day
	(This does not mean the made of dying, e.g., DUE/TO heart failure, asthenia, etc., It means the disease.	A T all landilis
	injury ar camplication which caused death.)	Scule (40 legs 7/7/3)
	ANTECEDENT CAUSES (B) V DUE TO	S. S. T. J. C. P. S. T.
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	Diabele Mellitus
	UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	s cleratie Disease, Generalized.
RTIFICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
LEA	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
0		
ME	OF INJURY While At Not Wi	21F. HOW DID INJURY OCCUR?
	Work At Wor	
	22. I certify that (I) (this hospital) ottended the deceosed from	9-30-65 1961 10 10 - 3 - 1961
	that (1) (we) lost saw the deceased alive on 10 - 3	19 4 and that in(my) (our) opinion death occurred on the do
	ond hour and from the causes stated above. (I) (We) (did) (did not)	view the body ofter death. 238. DATE SIGNED
	M.D. A	Hending Med. Stoff Phys. P 10-3-65
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	TORGE R. ORDONGEME	: 2844 OAKCEY AU. BAC 15 MI
244	A. BURIAL CREMATION, 248. PATE 24C, NAME of CEMETERY of C	REMATORY 24D, LOCATION (City, town, or county) (State)
	BURIAL 10/4/1965 Lomber Che	seed TORTSMOUTH VA.
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	OCT 5 1965 Part & toplant	Sylvan & Lewis +SON INC 3319 OLYMPIA AUE
7	150-REV 1/1/65	

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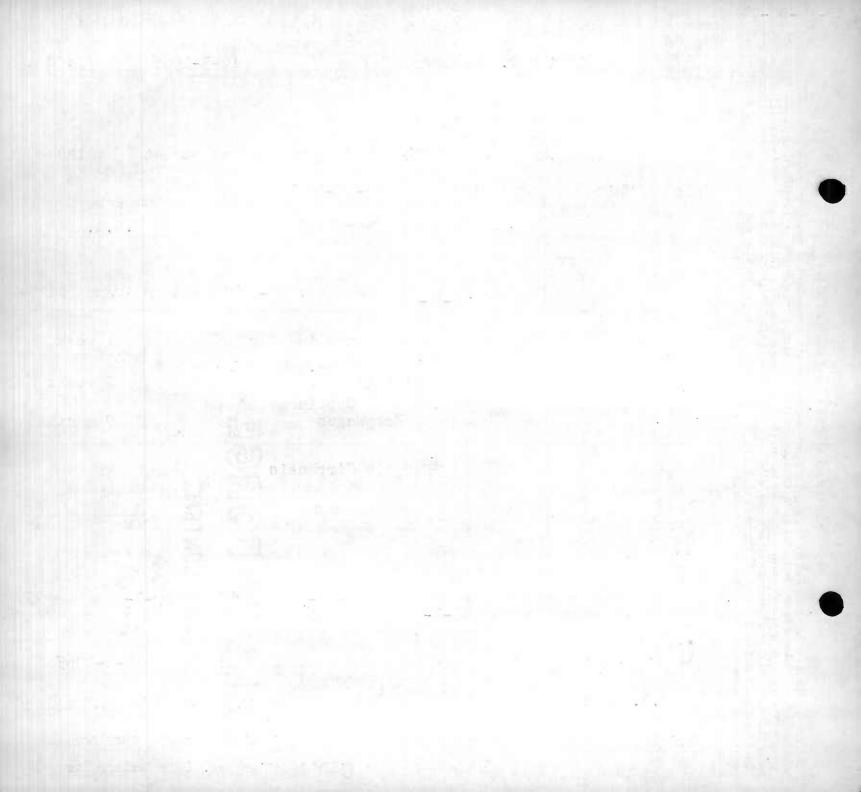


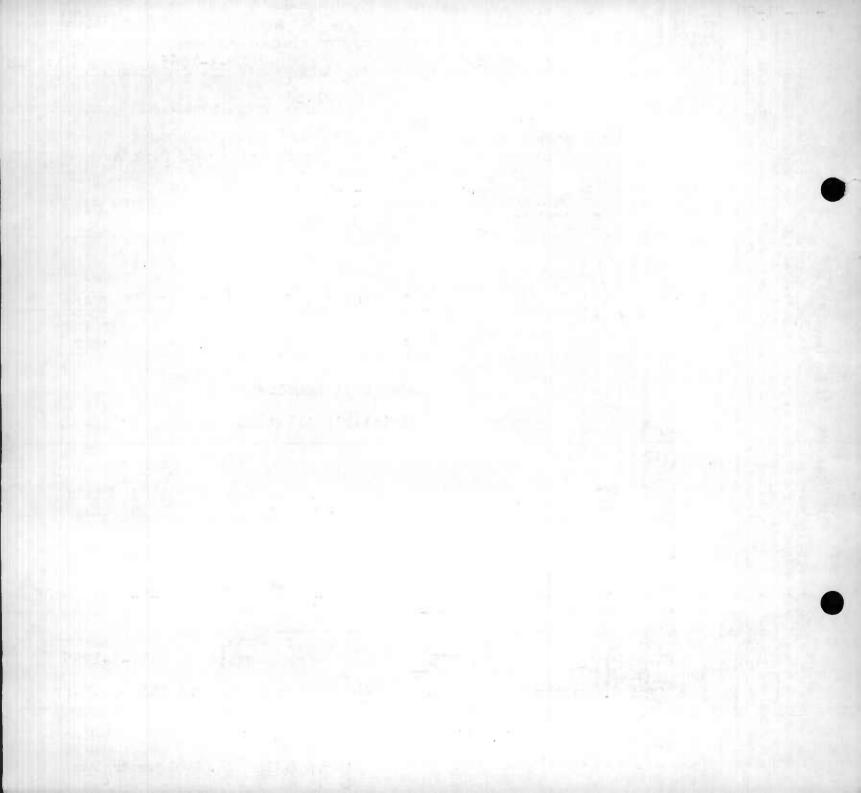


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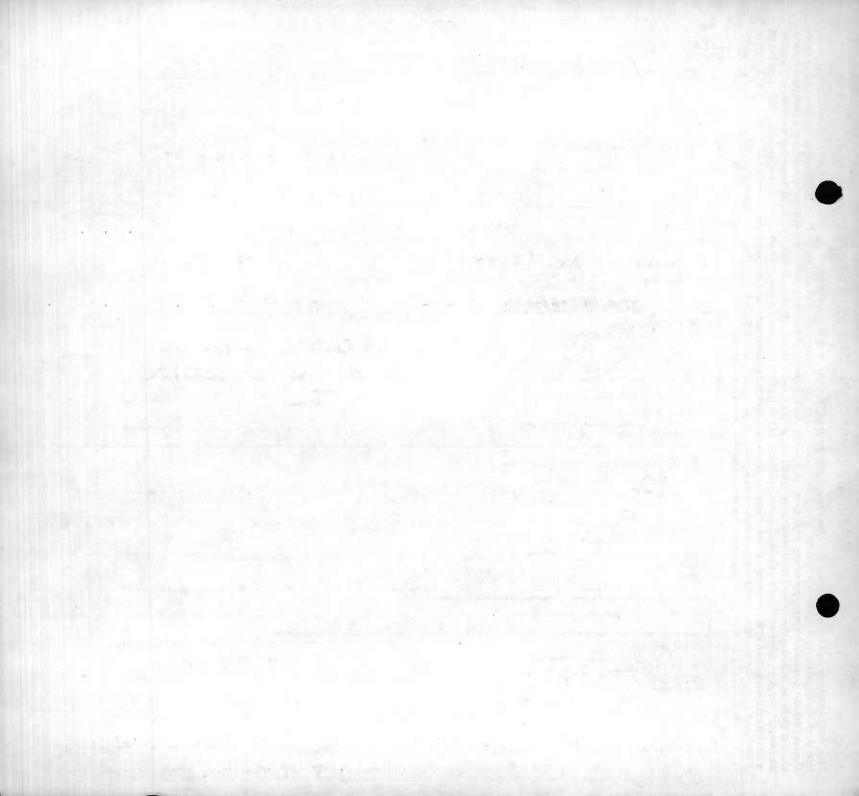
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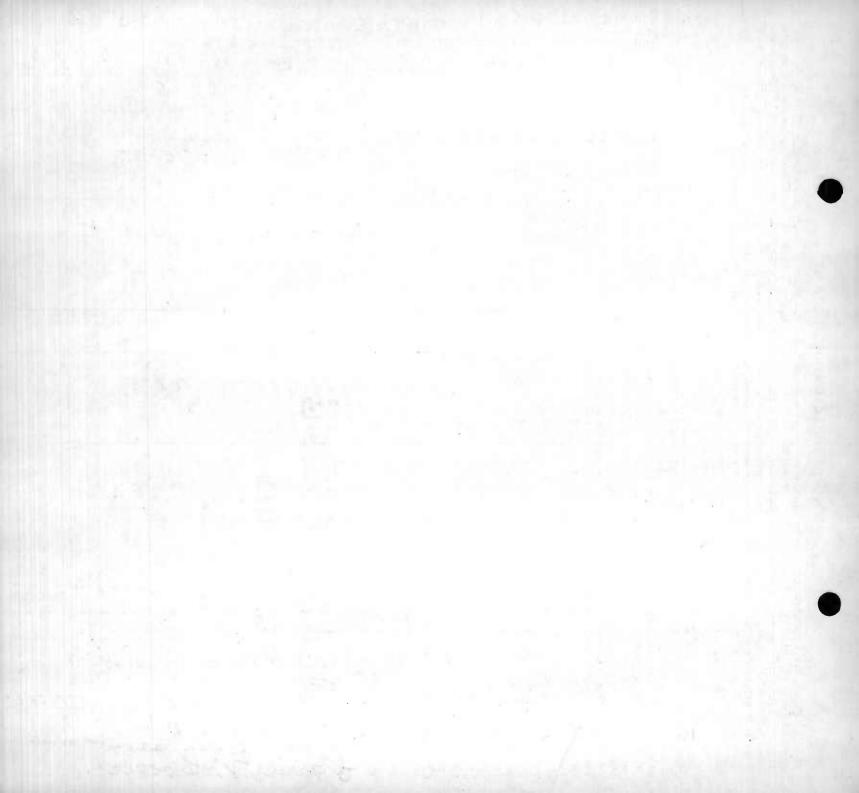
BALTIMORE CITY HEALTH DEPARTMENT





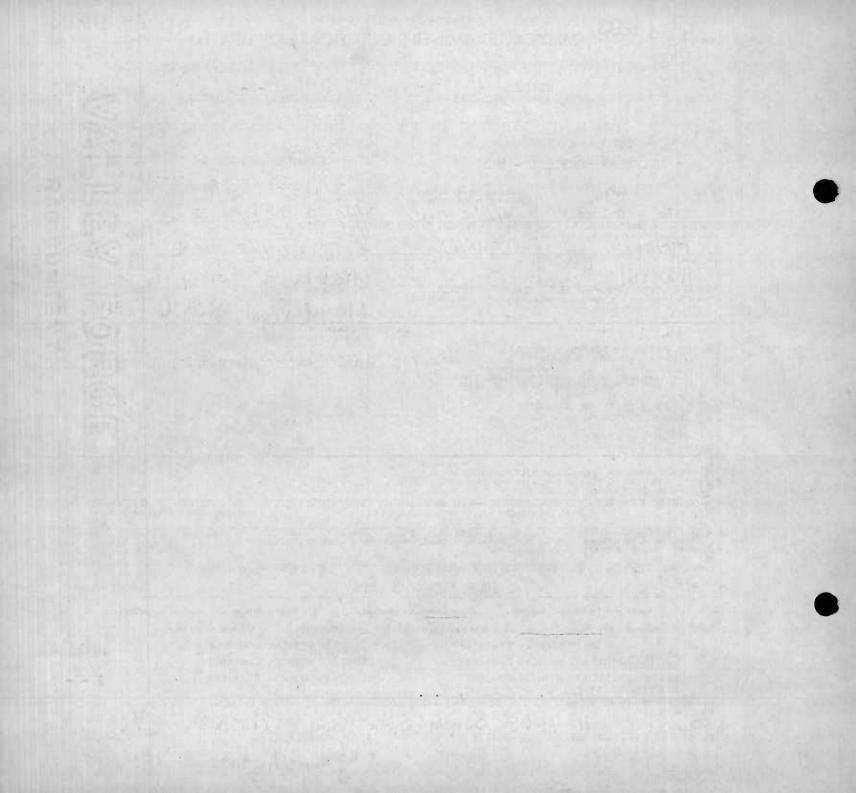
	05 10	201	BALTIMORE CIT	Y HEALTH DEPARTMENT		5 10201
IRTH NO.	() J. 1.18		CERTIFICA	TE OF DEATH	Registered No.	55 10201
NAME OF DEC	FASED			DATE AN	D HOUR OF DEATH	
Type or Print)		Kond	Zierski		- 3 ~ 65	
. PLACE OF DEA		1/CN4	21013111			nstitution: residence befare admission)
. FLACE OF DEA	THE IN BALINORS MA	RICAND		A. STATE B. COUN	TY	nstitution: residence before damission)
FULL NAME O	F (If not in hospital oddress or location	ar institution,	give street	manyland		0010
INSTITUTION	oddress of locolloi	"'		C. CITY OR TOWN (II out		RURAL and give township)
	Secour:	· H	. (pital	D. STREET ADDRESS (III		
Bon	secour:	3 110	30 11 1 11 1			- 24-
1				246 3 Be	alain st	
SEX	6. RACE		NEVER MARRIED D. DIVORCED (specily)	1 1	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
Male	White	Separa		1/28/99	66	
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	warking life, even il retired) 1	Rail	road	Baltimore		U. S. A.
Retired		nati	roau	Date		U. S. A.
		1-0	- 1	14. MOTHER'S MAIDEN NAM		1
man	tin Ken	drie	AZKI	The second secon	Praksec	la
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
s, no of unknown	1		SECURITY NO.	m	3-1 070 0	Post of Polts of
Yes	9/26/42 12/	30/12	717-09-8401		SK1 013 S.	Port St. Balto. 24
18 199	2, 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIE	RECTLY	/	mad to		
	LEADING TO DEATH		(A)	Melastatico de recinoma of rectum	skenoma.	-
	at meen the mode of asthenia, etc. It means		DUE TO			•
	plicolian which caused		00	ircumma of	merce	res,
	ANTECEDENT CAUSES		(B)	/		
DISEASES	R CONDITIONS, if	any siving	DUE TO	recum		
	above cause (A)		(C)			
	G CONDITION last.		4444	999 ti finit (ilida) il mati tra populario e e e e e e e e e e e e e e e e e e e		
	-11					
	FICANT CONDITIONS C					
DISEASE OR	EATH BUT NOT RELA		E			
	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PERI	FORMED			IN CERTIFYING CA	USES OF DEATH?
21 A. ACCIDEN	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.a.	in ar about 21 C. WHERE DID	(If in Bottima)	re City, give exact location)
OR CONTRIBU	TING CAUSE OF	ham etc.	e, lorm, foctory, street, o	office bldg., INJURY OCCUR?		,, ,
21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
(APPROX.)		Wh Wa	ile At Not Whi	le		
22. I certify	that (1) (this hospital) ottended t	he deceased from		9to	
that (I) (we)	last saw the decease	d olive an		19ond the	ot in (my) (our) op	inlon death occurred on the da
and hour and	from the causes stat	ted above. ((We) (did) (did not)	view the body ofter death.		
23A. SIGNASU			, , (0) (0.0) (0.0	Trew file body offer decili.		23B, DATE SIGNED
	[[]]	0	M.D. Att	tending Med.	Stoff F	235, 577, 2 3, 677, 2
	Lormante	X	Phy		Stoff Phy s.	
23C. PHYSICIA	N'S ype)	1//		23D. ADDRASS		
110	A LINDA	VTUS	./p M.D.	Bon Ca	ours Ha	chital
A. BURIAL CRE	MATION, 124B, DATE	24C'N	AME OF CEMETERY OF CR	EMATORY 124D 10	CATION (C	iv, town, or county) (State)
A. BURIAL CRE	Specify)	240.147	THE CONTRACT OF CR	240, 10	ZCATION (C	(31016)
Burial	10/6/19	965 St.	Stanisland	lemetery Ba	Itimore C.	ity Manyland
A. DATE REC'D	BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	Cemetery Ba	LOURIOUS U.	ADDRESS
OCT	1985 (1) 0	10 BB 9/1	105.10	חיבשו פרוצו	m Too 100	Tookann Assa
S 150-REV. 1/1/6		77		mri w ve sine	er inc. 190	l Eastern Ave
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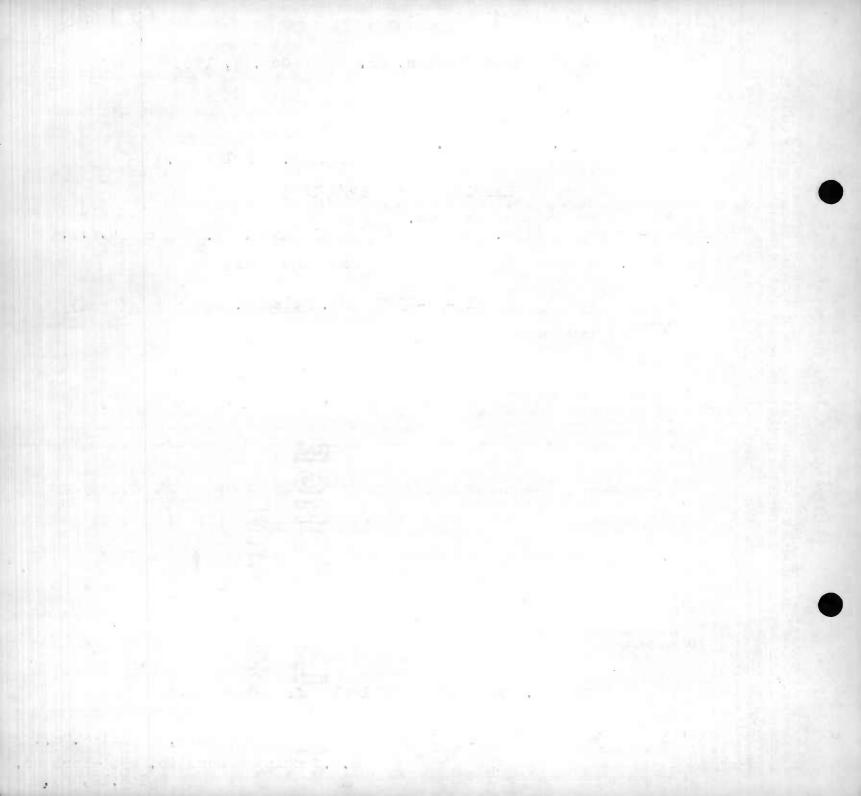
P-666

BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.		
M.E. CASE NO.			
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD		
THOMAS # PRYOR 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	10-3-65 10:00 P M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)		
LUTHERAN HOSPITAL - DOA	D. STREET ADDRESS (II rurol, give location)		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	2309 Ros lyn Avenue 21216 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, II Under 24 Hrs.		
Male Colored Widower, DivorceD(specify)	11. BIRTHIPLACE (State or foreigh country) 12. CITIZEN OF		
done due no, most of working life, even if retired) FORM 13. FAIHER'S NAME	Farmedille / Q WHAT, COUNTRY?		
Mandal Frances? (16, social	Rebecca Gray ADDRESS		
(Yes, no arunknawn) (If yes, give wor or dates of service) SECURITY NO.	Lloyd Pryor 802 N. Feldon Au		
IB. CAUSE	OF DEATH INTERVAL SETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This does not mean the mode of dying, e.g., heart failure, ashenio, etc. It means the disease, injury or camplication which caused death.)	iosclerotic cardiovascular disease		
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE			
UNDERLYING CONDITION LAST.			
O (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21A. EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB- home, farm, foctory, street, a etc.	in ar about 21C. WHERE DID (If in Boltimore City, give exact location)		
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK AT W	21F. HOW DID INJURY OCCUR?		
22.	opsy ond that on this basis, death in my opinion		
resulted from: Notural couses X Accident Suicide	Homicide Undetermined monner		
16011101	CHIEF MEDICAL EXAMINER DATE SIGNED		
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER		
EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXAMINER X 10-4-65		
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	r CREMATORY 23D. LOCATION (City, town, or county) (State)		
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS		
OCT 5 1965 Obline E. Fredhings	Joseph La Russ 22224 North Ay		
VS 151-REV. 1/1/65	0 / 1 4 4 4		



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH

IMPORTANI DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

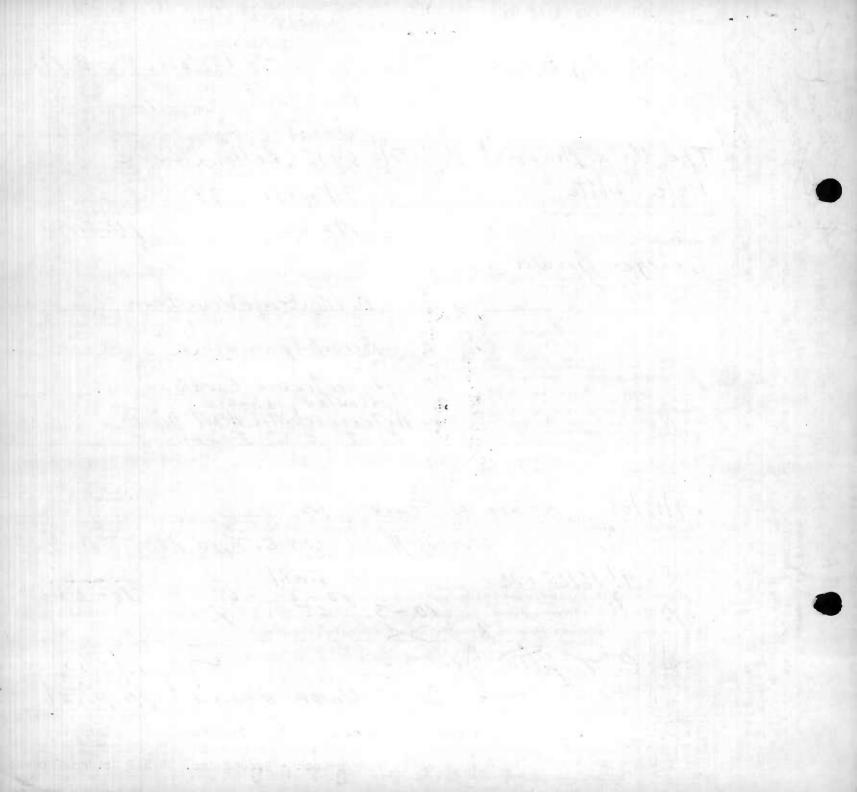
DEPARTMENT
F DEATH Registered No.
2. DATE AND HOUR OF DEATH
RESIDENCE (Where deceased lived, If institutions residence before admission) B. COUNTY
ARYLAND OR TOWN (Il outside city limits, write RURAL and give township) ALTIMORE TOWSON
ALTIMORE TOWSON TADDRESS (If rural, give location)
OL RAPPAIX CT
5/97 lost birthday! Months Doys Hours Min.
WHAT COUNTRY?
ALTIMORE, MD. U.S. A.
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(WIFE) AND CHART
MANT (WIFE) AND CHARDESS IMN ARNOLD 906 RAPPAIX CTO INTERVAL BETWEEN
ONSET AND DEATH
ASTHMATIC ATTACK ABOUT 30 YRS
PULMONARY EDEMA
UTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 C. WHERE DID (II in Boltimore City, give exact lacotion) INJURY OCCUR?
21F. HOW DID INJURY OCCUR?
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4 1965 to OCT 5 1965, 65 and that in (my) (aur) apinian death accurred an the date
ady after death.
Med. Stoff Phys. Stoff Oct. 5, 1965
ON MINIM MEMODIA! HOSDITA!
ON MARIA MEMORIAL HOSPITAL
24D. LOCATION (City, town, or county) (State)
Baltimore, Md.
Baltimore, Md. UNERAL DIRECTOR Jenkins & Sons Co. 4905 York Road Baltimore 12, Md.
Baltimore 12. Md.

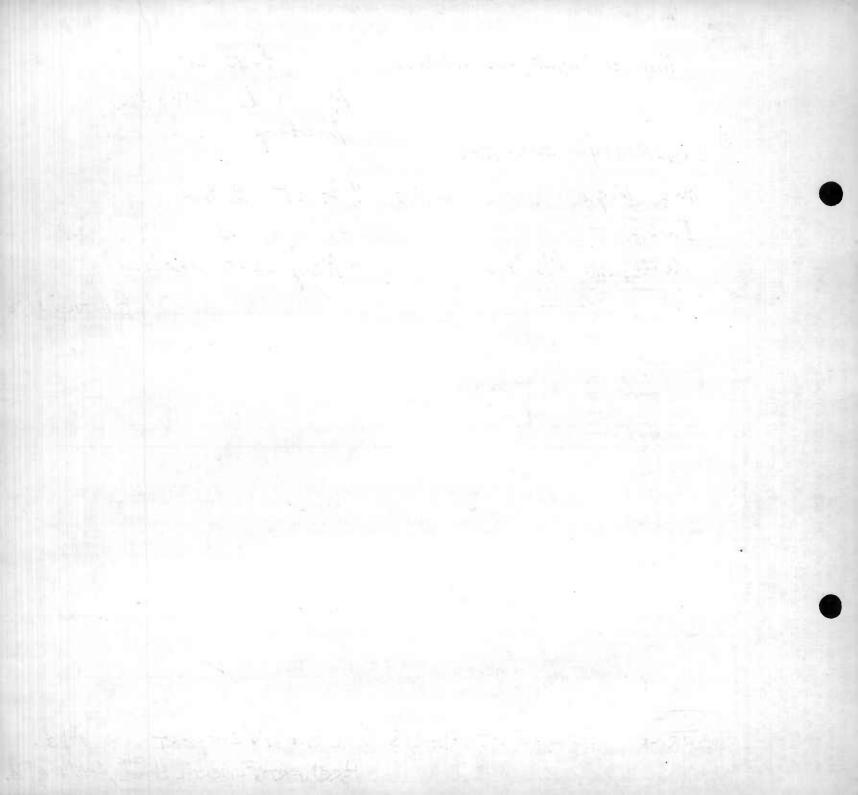
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VS 150-REV. 1/1/65

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E 6	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED				8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under		
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13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME	
	John Ju	ihh			Florence Gibs	son	
15.		Ever in U. S. A	med Forces?	1 6. SOCIAL	17. INFORMANT	3011	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

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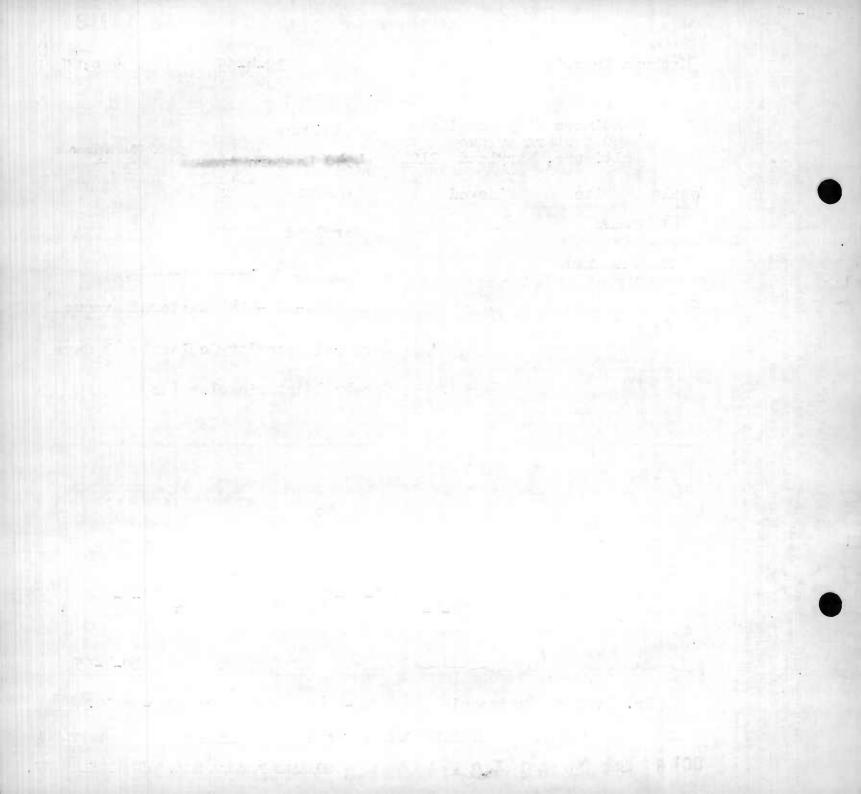
Was

VS 150-REV. 1/1/65

of death

eath.

BALTIMORE CITY HEALTH DEPARTMENT 65 10211 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Rebecca J. Bullock October 4, 1965 M 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY FULL NAME OF (If not in hospital or institution, give street Maryland oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 4300 Fernhill Ave. D. STREET ADDRESS 4300 Fernhill Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. WIDOWED, DIVORCED (specify) tost birthdov) Months Doys Hours Aug. 24. 1868 97 White Widowed IDA, USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF dane during most of working life, even if retired) WHAT COUNTRY? Housewife Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME Francis Eschbach Herbstreet 15. Wos Deceosed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL 4300 Fernhil Ave. SECURITY NO. Marie Bullock Baltimore, 15, Md 18. CAUSE OF DEATH Gerebrovascular Thrombosis Arteriosclerosci ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not White While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (f) (we) last saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23B, DATE SIGNED Attending Phys. Stoff Director Phys. PHYSICIAN'S 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY (City, or county Cathedral 965 25C. FUNJEAL DIRECTOR 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT

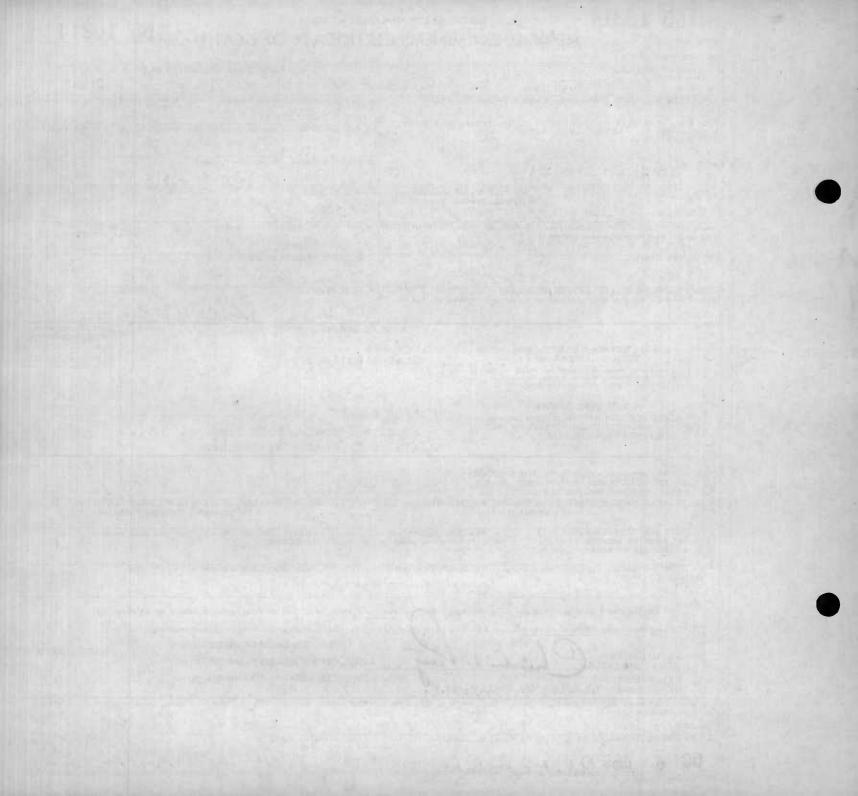


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1	M.E.

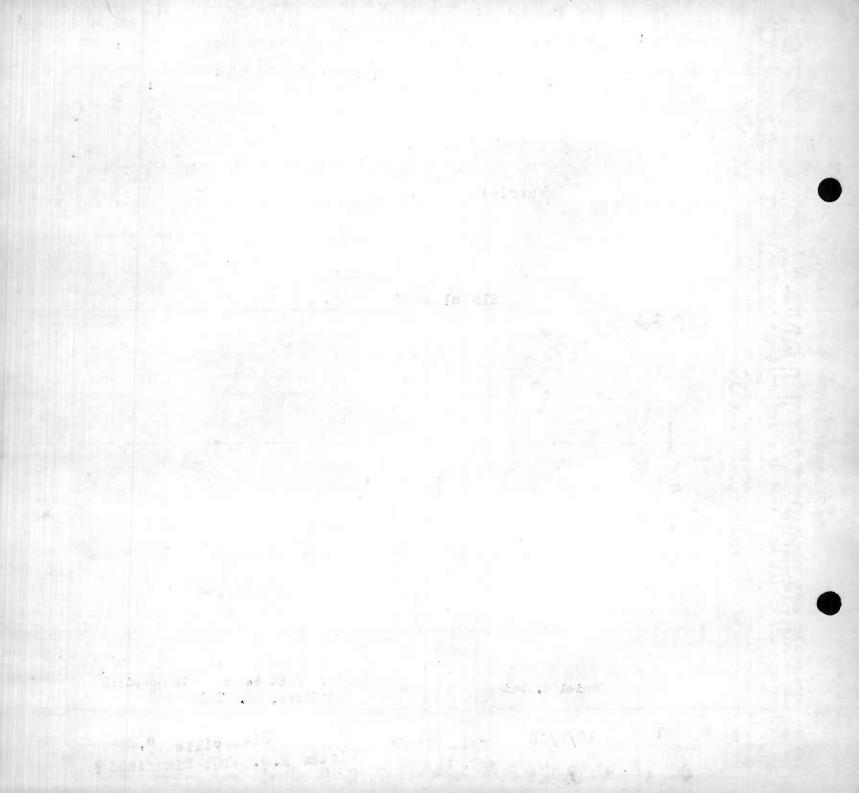
		CE 4004
MEDICAL EXAMINE	R'S CERTIFICATE OF	DEATH Registered No. 1021

1	65 1021A BALTIMORE CITY HEA	LITH DEPARTMENT					
V-700	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 10214					
1,000	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) EVELYN F. RIC	2. Date and hour pronounced Dead October 2, 1965 5:15 A					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write TNRAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 430 S. Smallwood Street					
3	Bon Secour Hospital						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Female White	B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 19. Months Doys Hours Min.					
	TIOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTING done during most, of working life, even if retired)						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. WAS DECEASED EVER IN U.S. ALMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS					
	979 1	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	(This does not mean the mode of dying, e.g., DUE TO	us Epilepticus					
	ANTECENDENT CAUSES (B) Epi1	epsy					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE FOCA UNDERLYING CONDITION LAST.	1 Sclerosis, Left Temporal Lobe.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	UNDERLYING OR CONTRIB-	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?					
		WHILE WORK					
	I certify that I held on Inquiry Inspection Autopsy and that on this basis, deoth in my apinian						
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED						
	SIGNATURE CALLS M.I. EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER 10/2/65					
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY REMOVAL (Specify) 10/5/65 Larray	or CREMATORY 23D ROCATION (City, town, or country) (Stote)					
	OCT 6 1965 A C. S. F. C. M. B.	24C. FUNERAL DIRECTOR ADDRESS COLLEGE STATES COLLEG					
	VS 15) PEV 1/1/45	O CONTRACTOR OF THE PROPERTY O					



DIRECTOR:

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BIRTH NO.	00 1	0217	CERTIFICA	TE OF DEATH	Registered Na	00 10217
M.E. CASE NO.	EASED				AND HOUR OF DEATH	v -
(T B : 4)	ANCE AUDRE	YC				965 7:00P
	ATH IN BALTIMORE, MA	7		4. USUAL RESIDENCE (V	Where deceased lived, II	institution: residence belore odmission
FULL NAME O	F (If not in hospital address or location		give street	MARYLAND		Hounsel
INSTITUTION	ST. AGNES		A I	ELLICOTT		RURAL and give township)
	ST. AGINES	HU3F 117	AL.	227 5	ST. JOHN'S	LANE
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr Months; Doys Hours Min.
FEMALE	WHITE	MARR		9-25-23	lost birthdoy) 42	
	working life, even if retired)	IOE KIND OF	BOSINESS OF INDUSIKI	MARYLAND	toreign country)	12. CITIZEN OF WHAT COUNTRY?
THEOD	· · =			14. MOTHER'S MAIDEN I	NAME	
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	A 17 PP 11 1 PP	ADDRESS
les, no or unknown	(If yes, give wor or dote	s of service)	219 12 7963	ST. AGNES	AVENUE RECORDS W	
18. 199	/ 1		CAUSE O			INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY	7 /	70 100 1-	11. ,,	ONSET AND DEATH
(This does	LEADING TO DEATH	duine on	(A) 191 F	fuse Metas	Hatic Me	1anoms 1765
heart failure,	asthenia, etc. It means	the disease,				,
	and the control of th		100 110	lanoma of	Knee-	1959
	ANTECEDENT CAUSES		DUE TO			
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TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				
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21 A. ACCIDE	NT WAS UNDERLYING	1 21 B.	PLACE OF INJURY (e.g., in	NO or obout 21 C. WHERE DEC	O (If in Boltimo	ore City, give exact location)
OR CONTRIBL	JTING CAUSE OF medical examiner)		e, form, foctory, street, of	fice bldg. INJURY OCCUR	?	order to continue
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			le At Not While	· 🗆		
22 1	a Mayara I is a	Wor		TORER 2	165 to 0C	TOBER 2 1965
			ne deceased from UC	/ -		
	lost sow the deceose					pinlon death occurred on the do
		red obove. ()	(We) (did) (d)(d not)(v	iew the body after dea	th.	
23A. SIGNATU	· Juan	· (/ Ce	M.D. Alle Phys	nding Med. Director	Stoff Phy s.	23B, DATE SIGNED
23C. PHYSICIA NAME (T	ype)	D	, M.D.	23D. ADDRESS		
24A. BURIAL CRE	MATION, 248 DATE Specify)	24C.NA	ME of CEMETERY of CRE	MATORY 24D	LOCATION (City, town, or county) (State)
burial	10/6/6	55 We	estern F REGISTRAR	25C. FUNERAL DIREC	alto. 23,	Md ADDRESS
OCT 6	1965 R.O.	18 30	Carlo 1		[4101 Edmo	
S 150-REV. 1/1/	65					

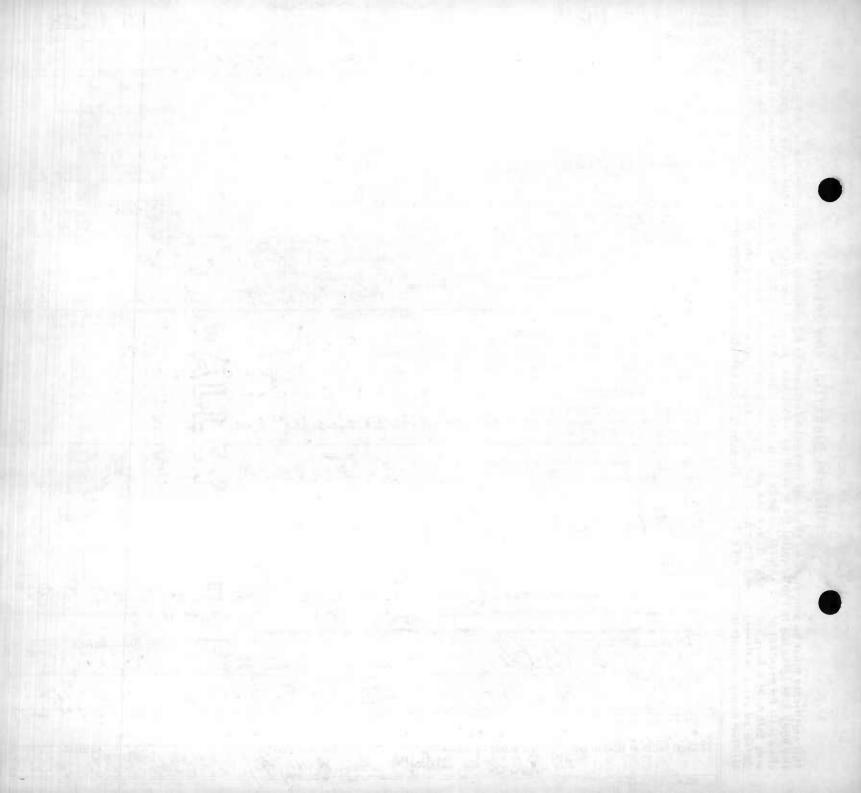
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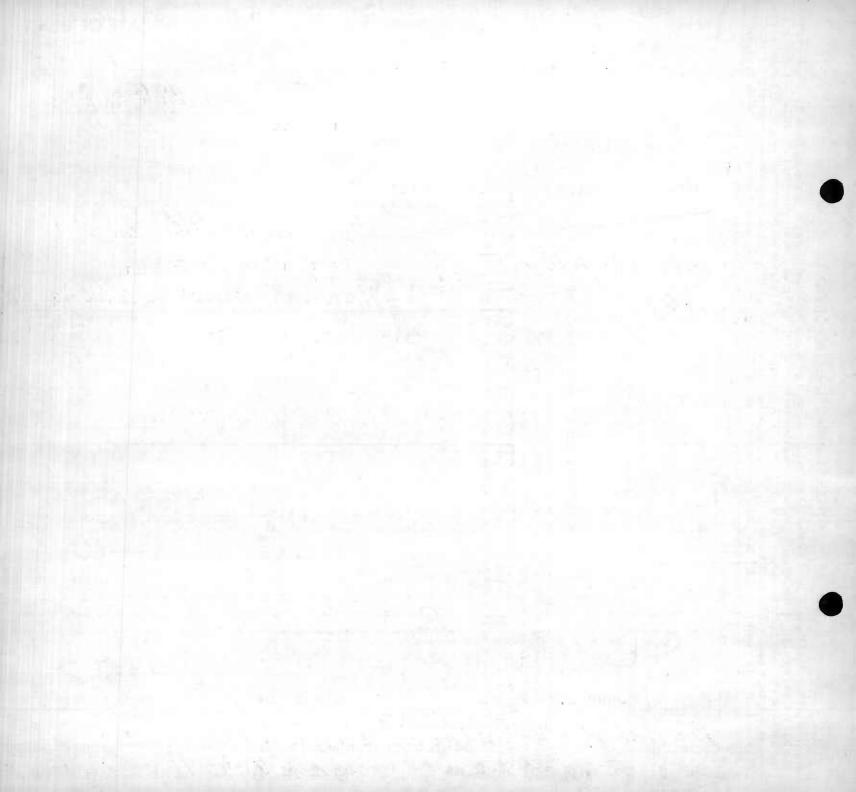
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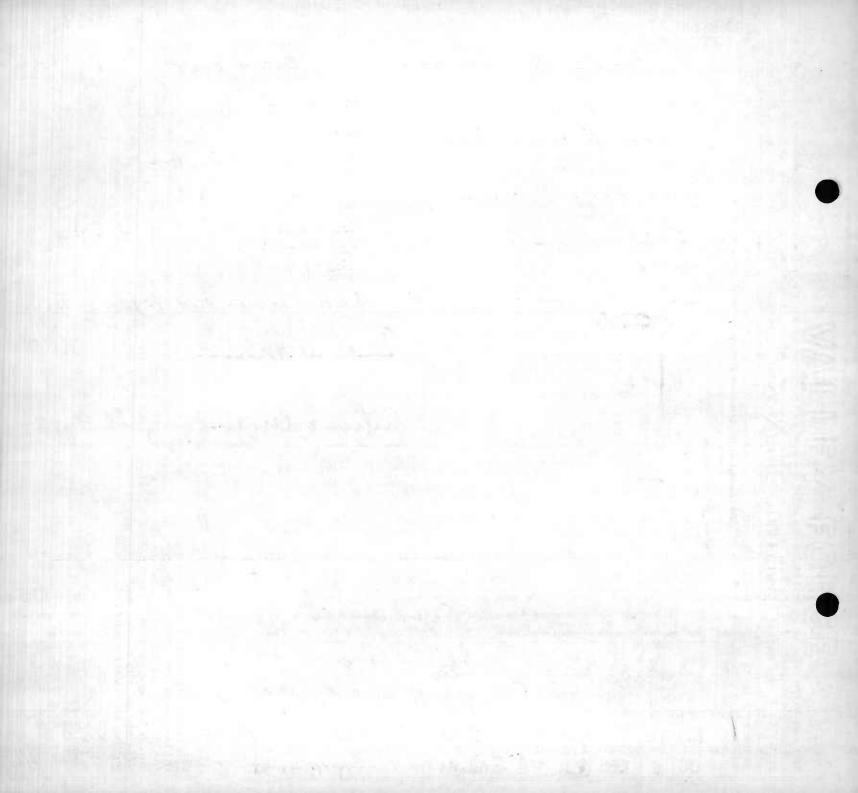
FUNERAL DIRECTOR:

ALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65





BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO.65 1022 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD MABEL BLACK 9-27-65 3:25 P. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Whore doceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporete limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore 700 FLEET STREET D. STREET ADDRESS (11 rurol, give focation) 305 E. Lanvale Street, 21202 5. SEX 6. RACE 9. AGE (In years 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) lost birthdov Months, Doys, Hours, Min. 62 Female Colored EVER MARRIEI 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WASHING TON 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME 7. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yos, no orunknown), (If yes, give wer or dotes of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Extensive traumatic injuries (This does not meon the mode of dying, o.g., hoort foilure, osthonio, otc. It meons the diseoso, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimoro City, givo exact location) home, form, factory, street, alfico bldg., INJURY OCCUR? MEDI Under bridge Biddle Street & Fallsway 21F. HOW DID INJURY OCCUR? Presumed to have 21E. INJURY OCCURRED 21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) NOT WHILE 9 65 26 fallen off bridge (was senile) 22. I certify that I held on Inquiry Inspection Autopsy X ond that on this bosis, death in my opinion Accident XX resulted from: Natural couses Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE. 9-27-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A, BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

001 0 130

24A, DATE REC'D BY HEALTH DEPT.

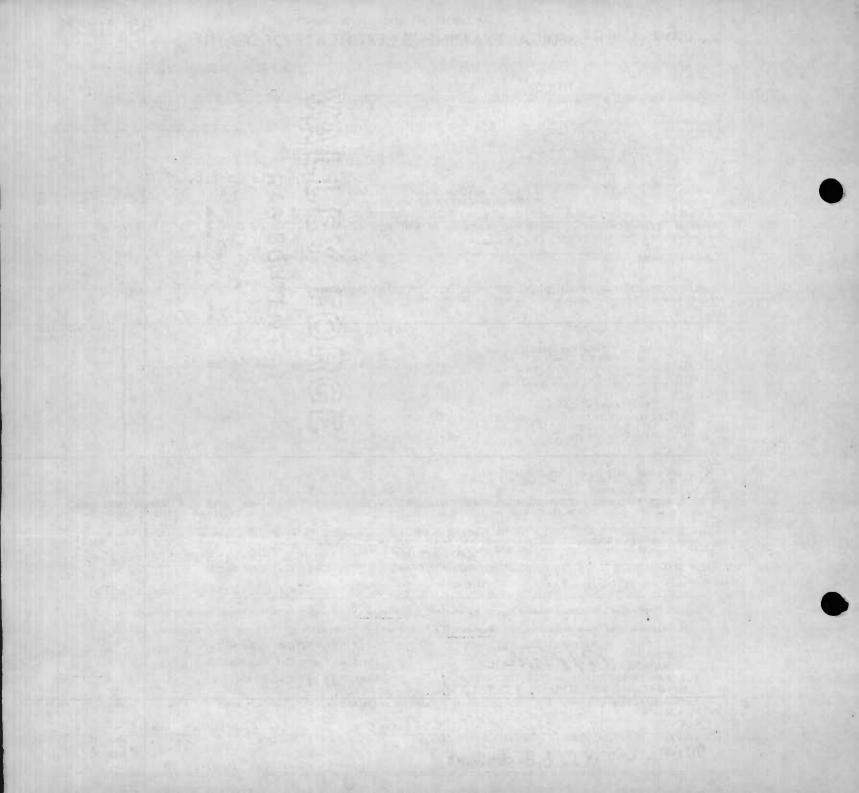
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24B, NAME OF REGISTRAR

MARShall W. Jones,

ADDRESS 1735-37 Harfor

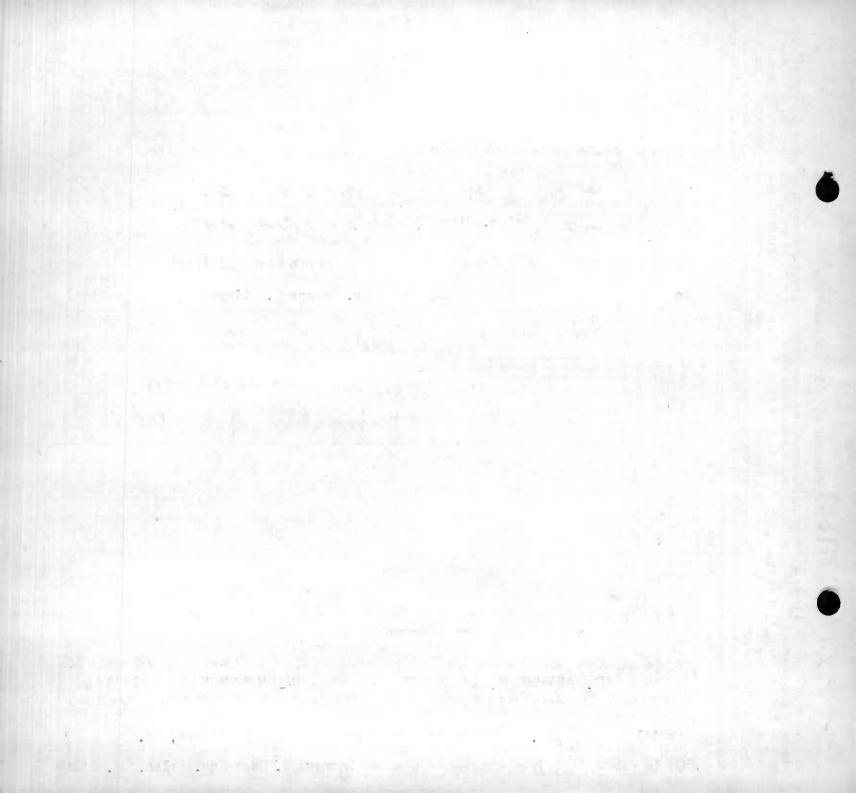
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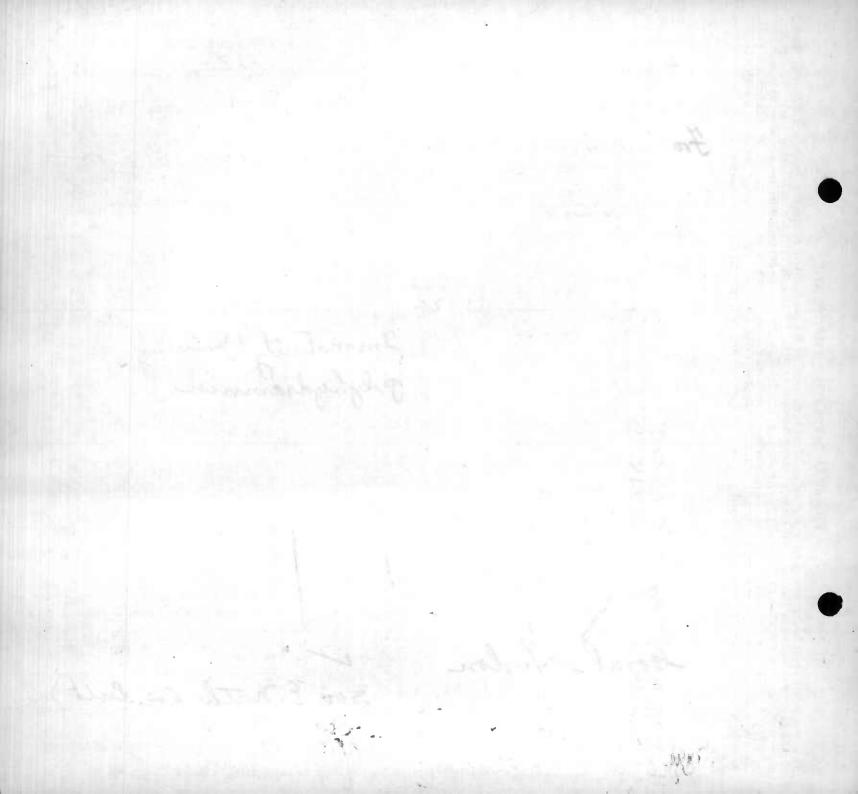


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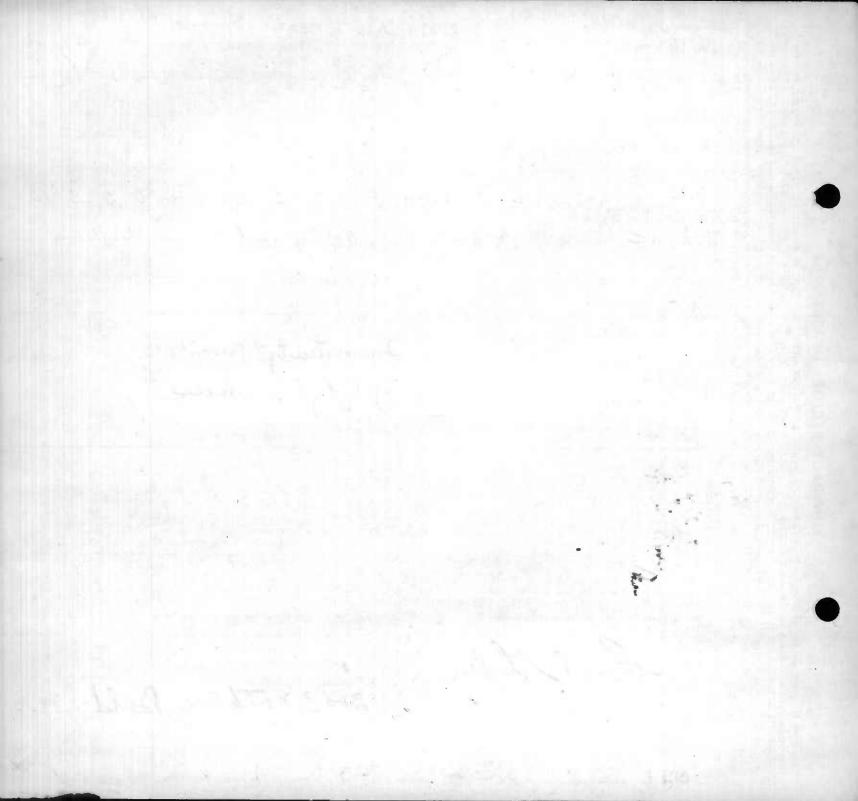
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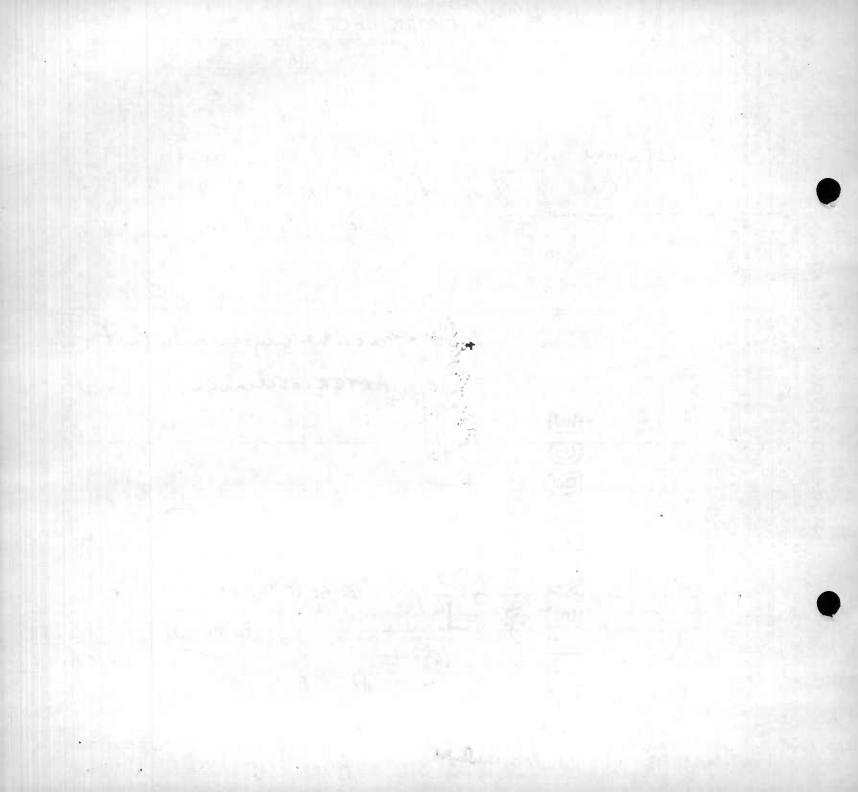
			BALTIMORE CITY	HEALTH DEPARTMENT		05 40000		
BIRTH NO.	65 10	1223	CERTIFICA	TE OF DEATH	Registered No.	65 10223		
M.E. CASE NO.			021(11110)		NO HOUS OF STATE			
Type or Print)	STHER O	ICA	12,11 MYER	2, DATE A	ND HOUR OF DEATH	5 532 p.		
	EATH IN BALTIMORE, MA		DICCI	THE HELLAL RECIDENCE (WA)	10-4-6	stitution; residence belore admission		
. PEACE OF D	EATH IN BALIMORE MA	RIEAND		A. STATE B. COU		Shiphon: residence belore damission		
FULL NAME			give street	MD.		100		
HOSPITAL OR	oddress or locotic	on)		C. CITY OR TOWN (If or	utside city limits, write f	RURAL and give township)		
				BALTIMORE	E			
		: 11.	en ima	D. STREET ADDRESS (If	rurol, give location)			
UNIO	NMEMOR	IAL HE	SPITHL	1800 E.	29 TH S.	7,		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months; Doys Hours Min.		
F	W	WIDOWEL	D, DIVORCED (specify)	12-9-05 11. BIRTHPLACE (Stote or fore	lost birthdoy)	Months Doys Hours Min.		
OA, USUAL OC	CUPATION (Give kind of wor	KIOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign coonings	12, CITIZEN OF		
	of working lile, even il retired)		City SCHOOLS	F. 42.0	TITINOIS	WHAT COUNTRY?		
RET. 7	EACHER	Dalto.	CITY SCHOOLS	ELYRIA	, 6274-1-6	USA		
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME			
THE	DOORE	50RG	SE	AMEZIA	Steinert			
5. Wos Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
Yes, no or unknov	vn) (If yes, give wor or dot	les of service)	SECURITY NO.	Mr. Eugene L.	Rilmver	(Same)		
UNK			None	m. nugene n.	Diringer	(Dane)		
18.	54 VI	103334	CAUSE O	F DEATH	P	INTERVAL BETWEEN ONSET AND DEATH		
	ASE OR CONDITION DI		COL	of the ruch	Tum			
	LEADING TO DEATH		(A) CEI	REBRAL AND	XIA	MINUTES		
	nat mean the made at a asthenia, etc. II means		DUE TO					
	implication which caused		Λ.	(100.	or hoors	1		
	ANTECEDENT CAUSES	S	(B) 190L	TIPLE CARDI	AC MICIES	()		
DISFASES	ISEASES OR CONDITIONS, if any, giving							
	ISEASES OR CONDITIONS, if any, giving see to the above cause (A) stating the NDERLYING CONDITION last. (B) MULTIPLE CARDIAC ARRESTS (B) MULTIPLE CARDIAC ARRESTS (C) Perforation of the Cecumic							
UNDERLYIN	NG CONDITION last.			V				
	11							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A.DATE		NOITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED		
	*							
U 21 A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)		
	fy medical examiner)	etc.						
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX.)	OF INJURY		ile At Not Whi					
(All ROA)		Wo	rk		1-			
22, 1 certif	y that 🥬 (this hospita	ol) attended t	he deceased from		19 65 to	10-4 1965		
that 🕼 (we	e) last saw the deceas	ed alive on	10 -	4 19 0 ond t	hot in(my) (am) api	nion death occurred on the do		
ond hour a	ond hour and from the causes stated abave. (1) (We) (dld) (did-not) view the bady after death.							
	23A. SIGNATURE 23B. DATE SIGNED							
an	athur M. LaBruce & M.D. Attending Med. Stoff Phys. 10-4-65							
M								
NAME		HUR M.	ELL DITO OF		MEMORIAL			
ART	HUR M. LA	BRUC		UNION M	EMORIA.	ty, town, or county) (State)		
	REMATION, 248. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ty, town, or county) (State)		
		1				7,		
REMOVAL	(Specify)							
Buri	(Specify) 10/8/6	5. Lou	don Park Ceme	tery	Baltimore,	Md.		
Buri	(Specify)	5. Lou	don Park Ceme	tery 25C. FUNERAL DIRECTO	Baltimore,			





BALTIMORE CITY HEALTH DEPARTMENT



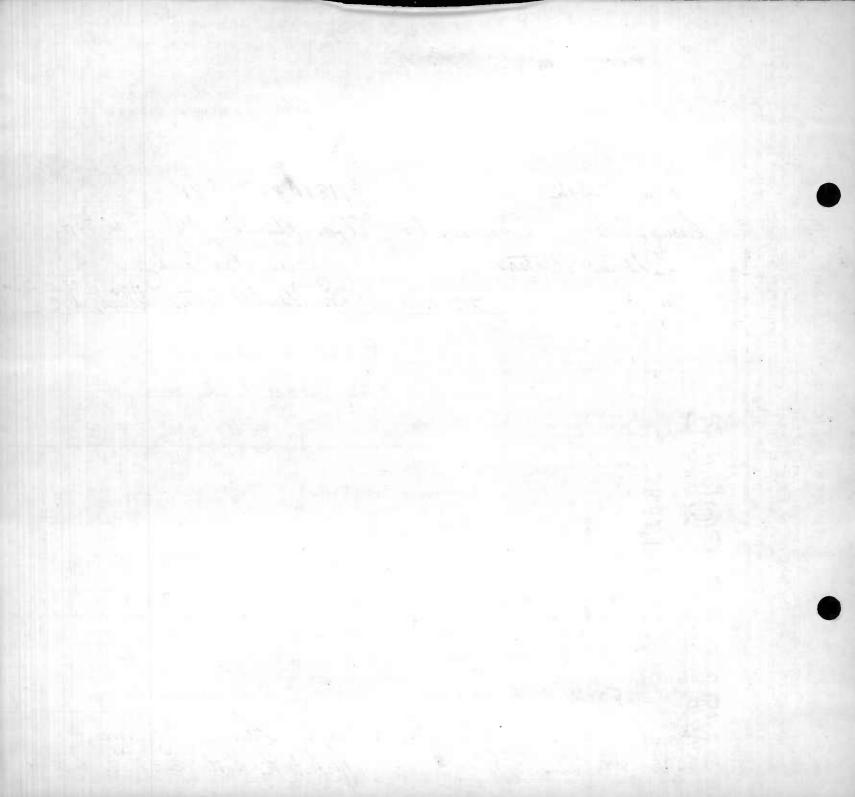


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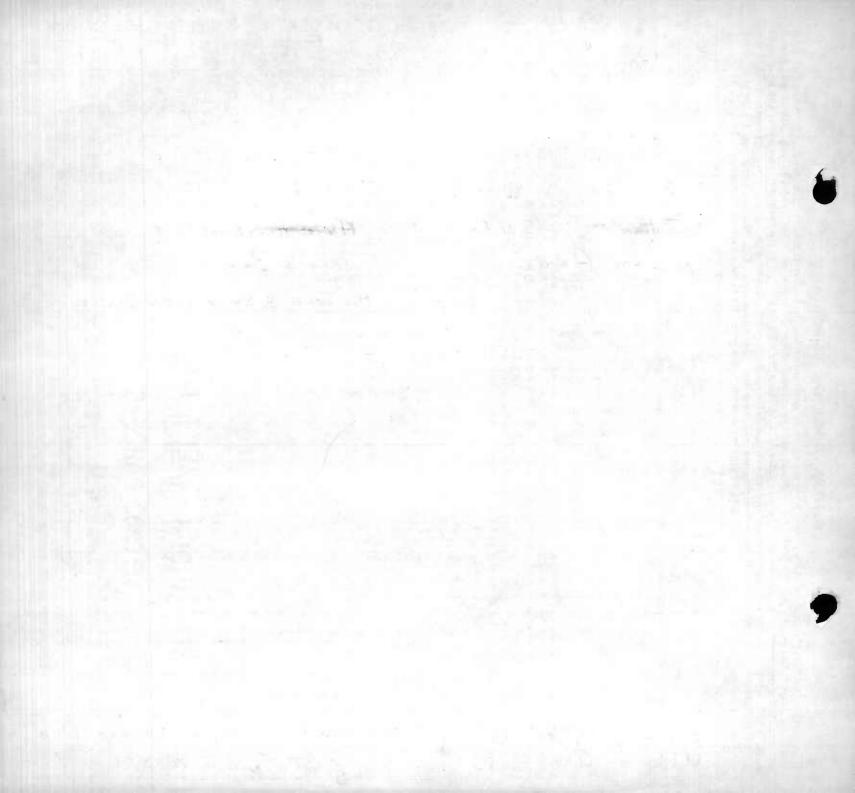
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DIRECTOR:

FUNERAL



	C5 40000	BALTIMORE CITY	HEALTH DEPARTMENT		65 10000	
	гн но. 65 10229	CERTIFICA	TE OF DEATH	Registered Na.	00 TUKKS	
1, N	LE CASE NO. IAME OF DECEASED (2) OP OF Print) GOODNICH, MA	RCELLUS C	. Octo	ber 5 1965	1610 A	
1	PLACE OF DEATH IN BALTIMORE, MARYLAND	tion, give street	MD. B. COUN	e deceosed tived. Il instit TY	ution: residence belore odmissi	
	SINAL HOSPITAL OF F	C. CITY OR TOWN (If outside city limits, write RURAL and give township) ALTIMORE CITY D. STREET ADDRESS (If rural, give location) 3925 FAIRVIEW AVE				
	BALTIMORE MARY					
5. S	EX 6.RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specily)	8. DATE OF BIRTH JULY 19, 1870	P. AGE (In years last birthdow) 5	f Under 1 Yr. II Under 24 I Norths Days Hours Min	
don	USUAL OCCUPATION (Give kind of work 10B. KIN OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stote or fare)		2. CITIZEN OF WHAT COUNTRY?	
13.	William GoodRic	Ь	JENNIE B	AE		
	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (II yes, give wor or dotes of serv	16. SOCIAL SECURITY NO. 212-01-1299	MRS. Josie G.	SmiTA -3316	Dorchesier K	
	18. H22 1 1 DISEASE OR CONDITION DIRECTLY		F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, heart lailure, asthenia, etc. It means the distinjury ar complication which coused death.)	e.g., DUE TO C	ARTERIO SCLEROTIL CA POSSIBLE CUA	IRDIOVASCULAR	DISEASE)	
	DISEASES OR CONDITIONS, if any, g rise to the above couse IA) stating UNDERLYING CONDITION last.		1 00011000 0077			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i hame, lorm, factory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(†) in Boltimore C	ity, give exact location)	
MEDIC	21 D. TIME (Manth) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21E. INJURY OCCURRED White At Not White At Work		URY OCCUR?		
	22. I certify that (I) (this hospital) ottend that (I) (we) last saw the deceosed alive	Part 6	10		5 19 65	
	and hour and fram the causes stated abar	M.D. An	ending Med.	Stoff T	October 5,196	
	23C. PHYSICIAN'S NAME (Type) ALLEN H JUDMAN	Phy M.D.	23D. ADDRESS SINAL HOSPI	THE OF BALL	almore Inc.	
244	A BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 10/9/65	ARBUTUS MEM	5 / 5		town, or county) (State	
25A		ALE O BEGIN MAR	25C. FUNERAL DIRECTOR	Kuth 3035	TW. Hoth a	

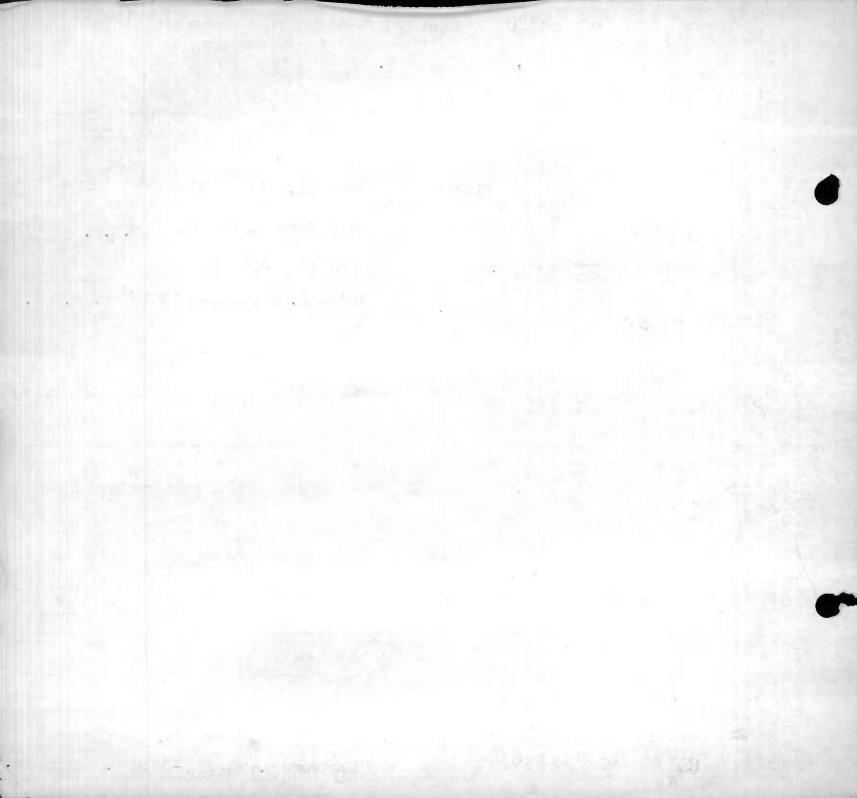


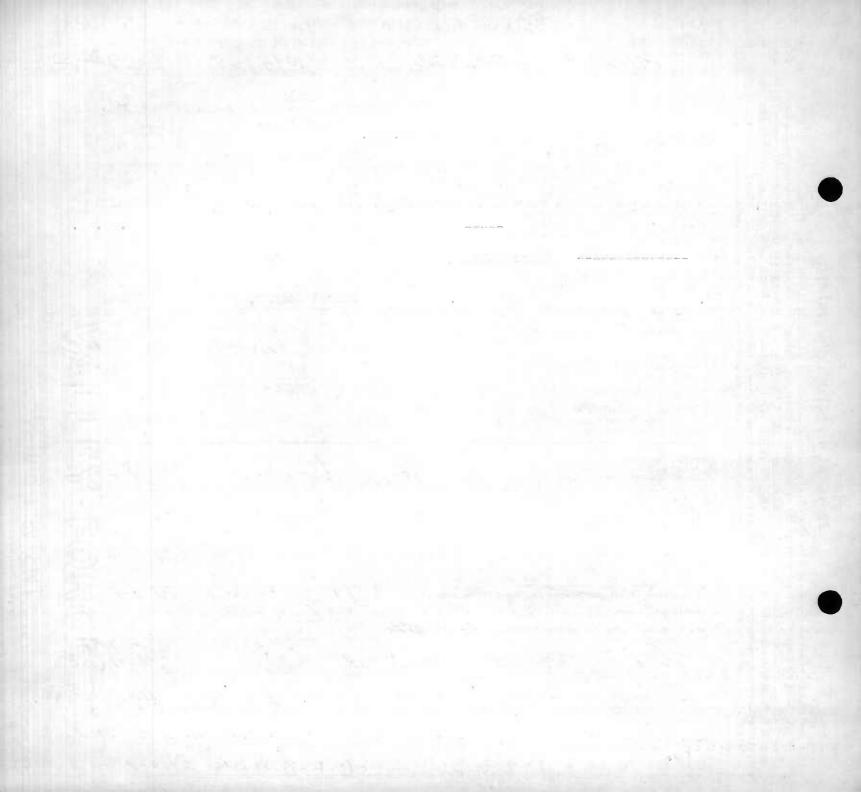
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

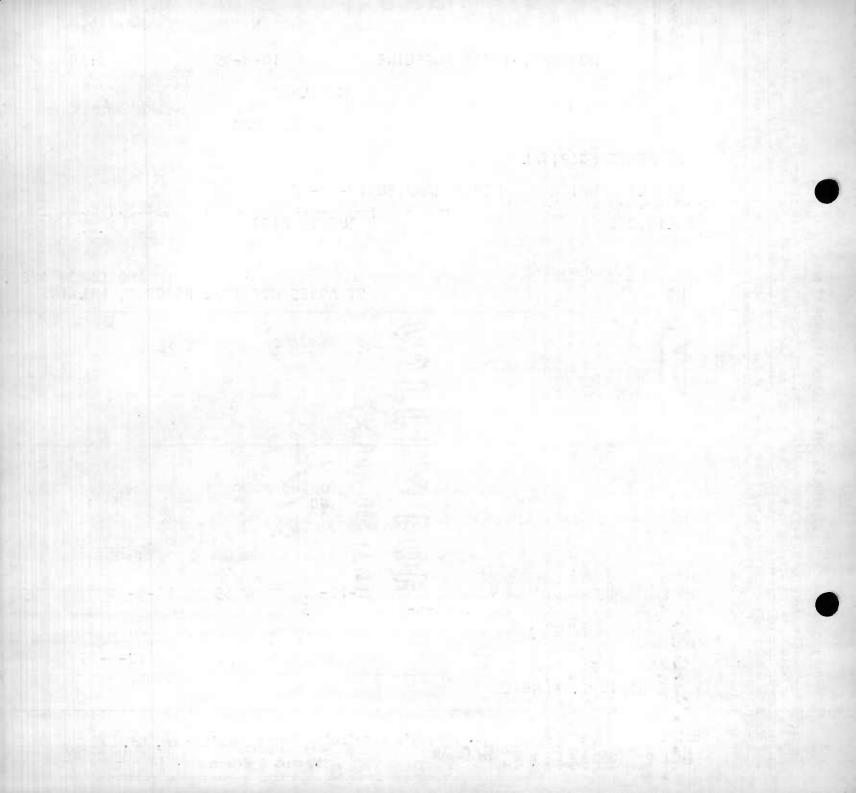
FUNERAL DIRECTOR:

BIRTH NO. 65 10230 CERTIFICATE OF DEATH Registered No. DO 10230	
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED DEATH REALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 65 10230 [2. Date and Hour of Death	
(Type or Print) Covington William P. 10-1-65 1740	A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before A. STATE B. COUNTY	odmission)
FULL NAME OF (If not in hospital or institution, give street BALTIMORE, MD.	
HOSPITAL OR oddress or locotion) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore	-
D. STREET ADDRESS (If rural, give location)	5
400 6. Treen Spri ane	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Widowed Divorced (specify) June 21, 1911 9. AGE (In years Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys D	er 24 Hrs. Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
Jobber Homes Baltimore Maryland U.S.A.	
13. FATHER'S NAME	
Charles Henry Covington Bessie Johnson	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	1
No None SECULTY NO. Anita L. West-45-E 135th St. No.	C. W. Z
18. 433 10 1 CAUSE OF DEATH) INTERVAL BETV	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	wrs
(This daes not mean the made of dying, e.g., DUE TO heal failure, asthenia, etc. It means the disease,	
injuly of camplicolian which coused death.)	A A
ANTECEDENT CAUSES (B) Carculat avoids DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	
rise to the above cause (A) stoling the (C) A C U UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ((If in Boltimore City, give exact location)) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ((If in Boltimore City, give exact location))	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	- 1
OF INJURY (APPROX.) While At Not While Work Not Work Work Work Not Work Work Not Work Work Work Not Work Work	
22. I certify that (I) (this hospital) attended the deceased fram 9-30-65 19 to 10-1-	,65
that (I) (we) last saw the deceased olive on 10-1-19.65 and that in(my) (aur) opinion deoth occurred an	the dat
and haur and from the couses stated abave. (1) (We) (dld) (did nat) view the bady after death. 23A. SIGNATURE	
23A. SIGNATURE 23B. DATE SIGNED 10-1-6	5
23C. PHYSICIAN'S 23D. ADDRESS	,
NAME (Type)	
HARRY W WALEN M.D. 5336 (ARRIAGE) 24C. NAME of CEMETERY OF CREMATORY (24D. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify)	(3101e)
Burial 10/6/65 Arbutus Memorial Park Baltimore Co. Maryland	
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS OCT 6 1965 Plant E. 25B NAME OF REGISTRAR Herbert E. Nort	th Av
OCT 6 1965 Robert E. Tarker - 3030 W. Nor	ATT

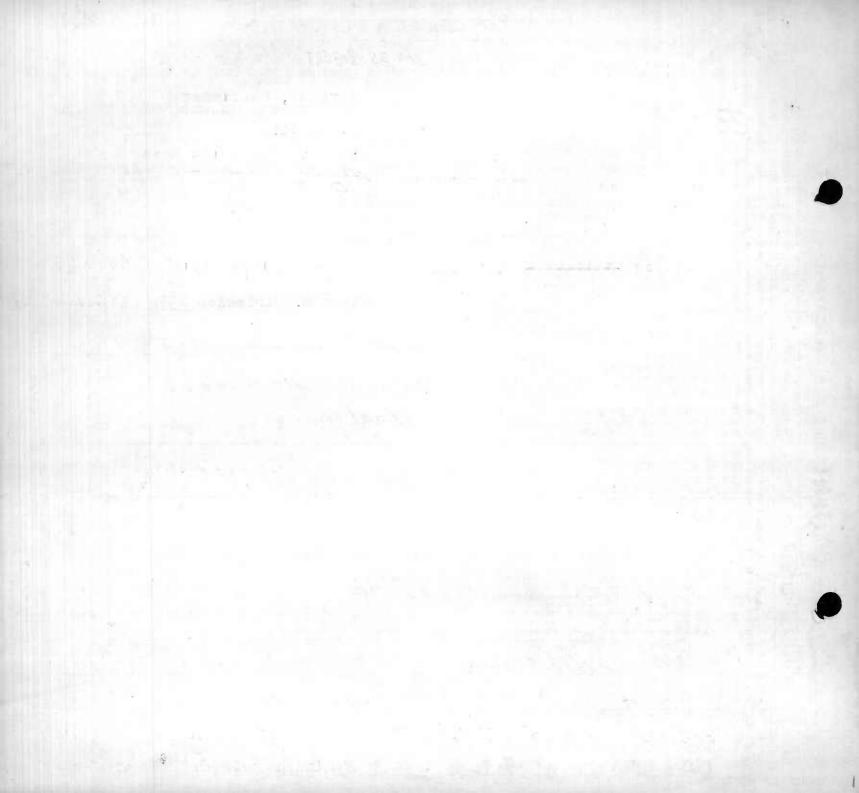




RIPT	TH NO.	65	1023	32 CERTIFICA	HEALTH D	PEPARTMENT	Registered No	65 10232
M.I	E CASE NO.		J. () NO C	CERTIFICA	IE OF			
(Ту	IAME OF DECE	NOGERA		ER ANGELINE		10-	4-65	3:30 P M
	ULL NAME OF (If not in hospital or institution, give street			A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissions A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) EMMITTSBURG D. STREET ADDRESS (If tural, give location)				
	HOSPITAL OR oddress or location) INSTITUTION							
-	ST AG	NES HOSPIT	AL					
5. 5		6. RACE		NEVER MARRIED	B. DATE OF		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	FEMAL		NE	VER MARRIED	10-2		80	
		PATION (Give kind of work orking life, even if retired)		BUSINESS OR INDUSTRY		RTO RICC		12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAM	NE .			14. MOTH	R'S MAIDEN NA	ME	
		Dodmo N			The contract of	masco Se	licano	
15. (Ye:	Wos Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	-0.07	16. SOCIAL SECURITY NO. NONE	17. INFORM	ANT		AND AGASTON AVES
_	18. / 4.	NO		CAUSE O	F DEATH			INTERVAL BETWEEN
ATION	DISEASES O rise Ia the UNDERLYING	usthenia, etc. It means plication which coused in the coused in the couse of the co	any, giving stating the	(B)				
ERTIFIC	19A. DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION		TOPSY? (Yes of N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examines	21 B. ham etc.	PLACE OF INJURY (e.g., in the, farm, foctory, street, of	n or obout 21 fice bldg., IN	C. WHERE DID	(If in Boltimo	ore City, give exoct locotion)
MEDI	21D. TIME (Month! (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work At Work				F. HOW DID IN.	URY OCCUR?		
	that (I) (we) and hour and		d olive on	he deceased from 10-4-	8-17 19 lew the bo		19 65 to 1	0-4- 19 65 plain death occurred on the date
	23A. SIGNATUI LOLLAL 23C. PHYSICIAI NA LUG	nio E. D	enite NETEZ	Phy	anding s.	Med. Director	Stoff Phys,	10-4-65
244	BURIAL CREA		24C. N	AME of CEMETERY OF CRE	MATORY	24D. I	OCATION	City, town, or county) (State)
25 A	urial	10/6/6	5 S	t. Joseph's Pr	loce FIL		Emmitsbur	g, Md. ADDRESS
VS	150-REV. 1/1/6	5	-	5 0 0	d 8	tewant &	mowen Co.	108-W-North-Av



Samuel semicles due Actures Lieners



FUNERAL DIRECTOR:

VS 150-REV, 1/1/6S

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HAVE AND THE PERSON NAMED TO A PARTY OF THE POST OF TH

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

USA

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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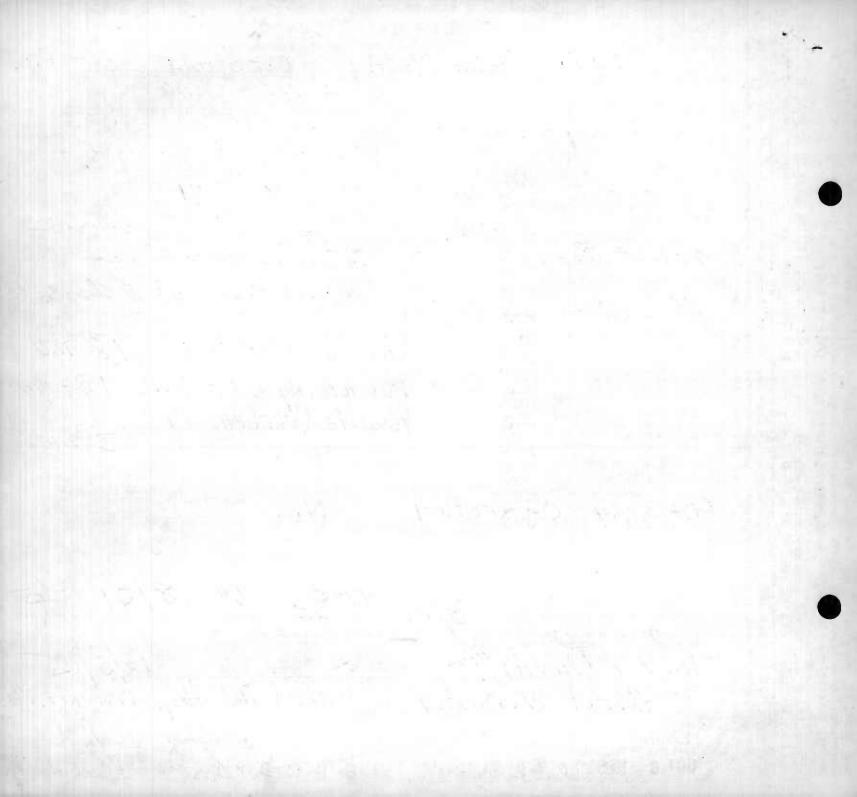
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FUNERAL DIRECTOR:

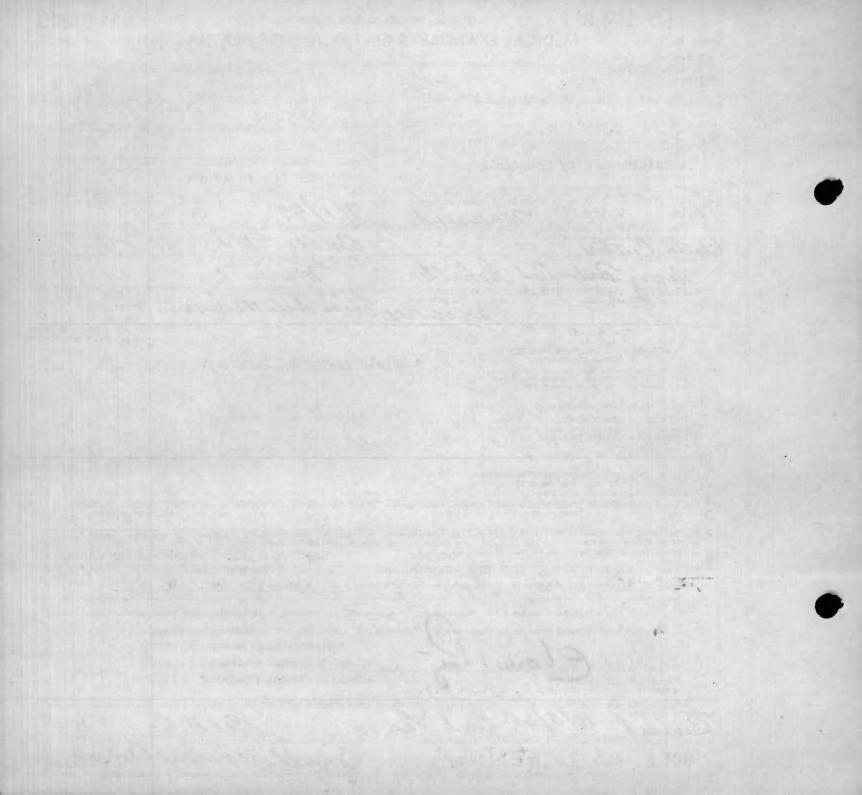
	10028		BALTIMORE CITY	HEALTH DEPARTMEN		65 10238	
BIRTH NO. M.E. CASE NO.	65 10238		CERTIFICA	TE OF DEAT	H Registered N	0. 00 10200	
1. NAME OF DEC (Type or Print)	LENA	M. 1	HOLLINS		OCTOBER 2. 19	. 30	
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	(Whele deceased lived, I	f institution: residence before admiss	
FULL NAME OF HOSPITAL OR INSTITUTION	INSTITUTION			Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
1	S.	inai H	ospital	Balti			
1				D. STREET ADDRESS 4503 Libe	(If rurol, give location) rty Heights A	lve.	
5. SEX Female	6. RACE White	WIDOW	D, NEVER MARRIED PED, DIVORCED (specify)	B. DATE OF BIRTH July 27, 188	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Months Doys Hours Min	
IOA, USUAL OCC		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stoto o	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NA		1101		14. MOTHER'S MAIDER		ush	
Moses				Anna	Miller		
15. Was Deceased Yos, no or unknowi	Ever in U. S. Armed Form (If yes, give wer or dete	s of service	SECURITY NO.	Mr. Isaac	Hollins -	-Same	
DISEASES (ANTECEDENT CAUSES DR CONDITIONS, if (e above cause (A) G CONDITION lost.			Sertensive Ly perten	us ar	30 yrs	
TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO		1204	N.) cos		
19A. DATE OF	WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Tes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OR CONTRIB	NT WAS UNDERLYING DING CAUSE OF modical examines)	h	1B. PLACE OF INJURY (e.g., in orme, form, foctory, stroet, of c.)	n or about 21 C. WHERE Diffice bldg., INJURY OCCL	OID (If in Boltin	noie City, give exect location)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	V	Vhile At Not While At Wark		D INJURY OCCUR?		
	that (1) (this hespital		/	1965	19 to nd that In(my) (our) a	Oct V 19 6	
and hour an	d from the couses stat	ed above.	(I) (We) (did) (did not) v				
23A. SIGNATI	The end (5/	M.D. Atto	nding Mod.	Stoff Phys.	23R DATE SIGNED	
23C. PHYSICIA NAME (1	JONAS COF	1EN		23D. ADDRESS	Heights Ave.		
24A. BURIAL CRE		24C.	NAME of CEMETERY OF CRE			(City, town, or county) (Stat	
BURIAL	Oct4.196	55	Chizuk Amun	.0	Balt-imore	, Maryland	

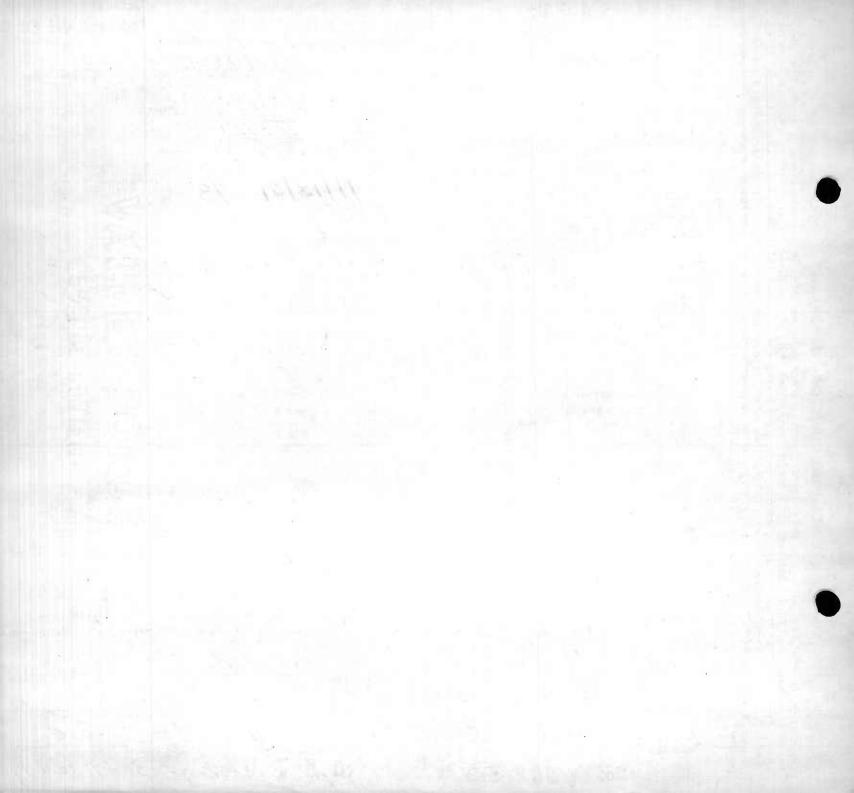
25C. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS INC. 6010 Reist Rd VS 150-REV. 1/1/65

south and the second story

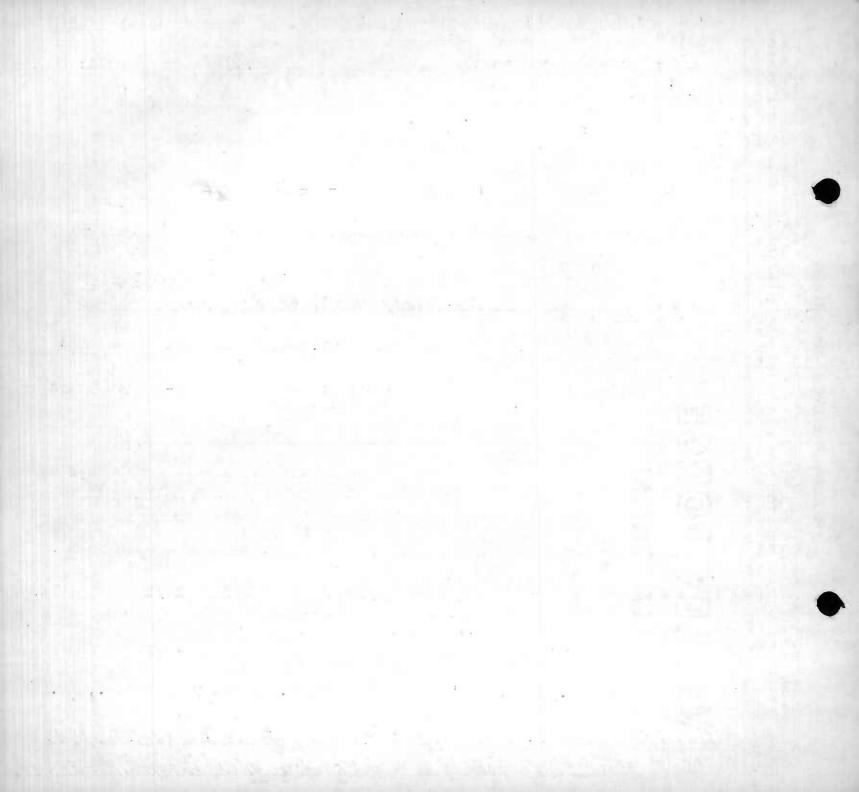


VS 151-REV. 1/1/65





VS 150-REV. 1/1/65

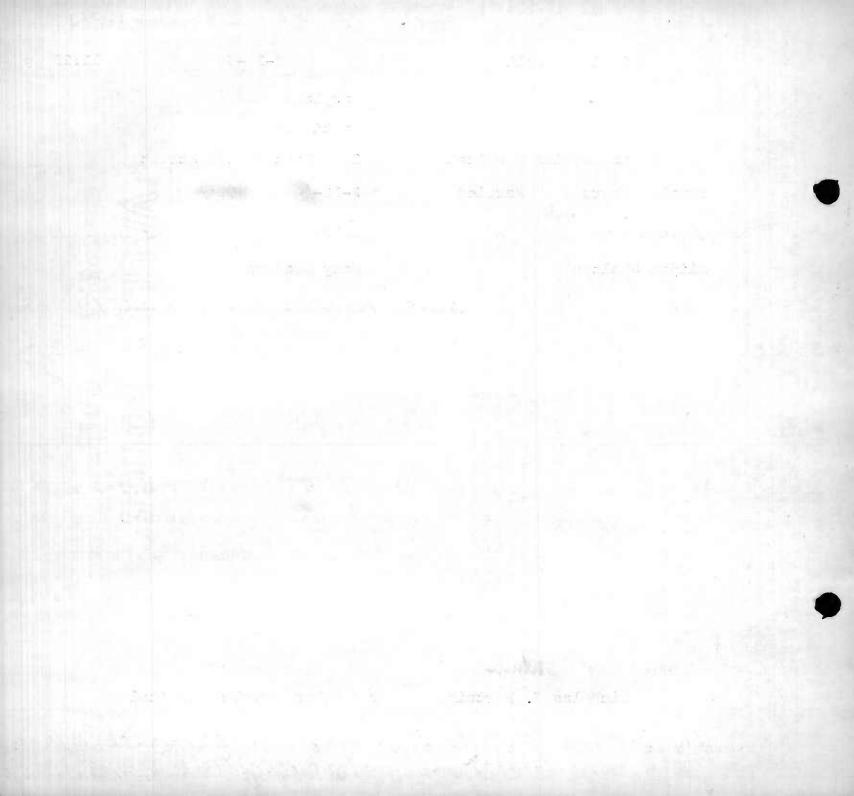


BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

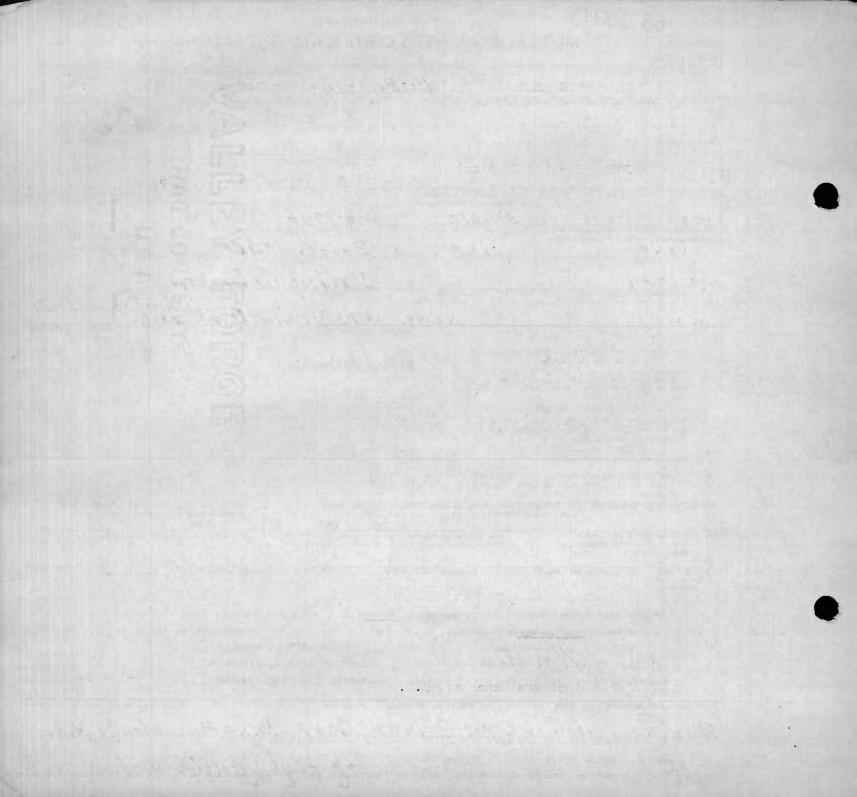
VS 150-REV, 1/1/65

Registered Na.



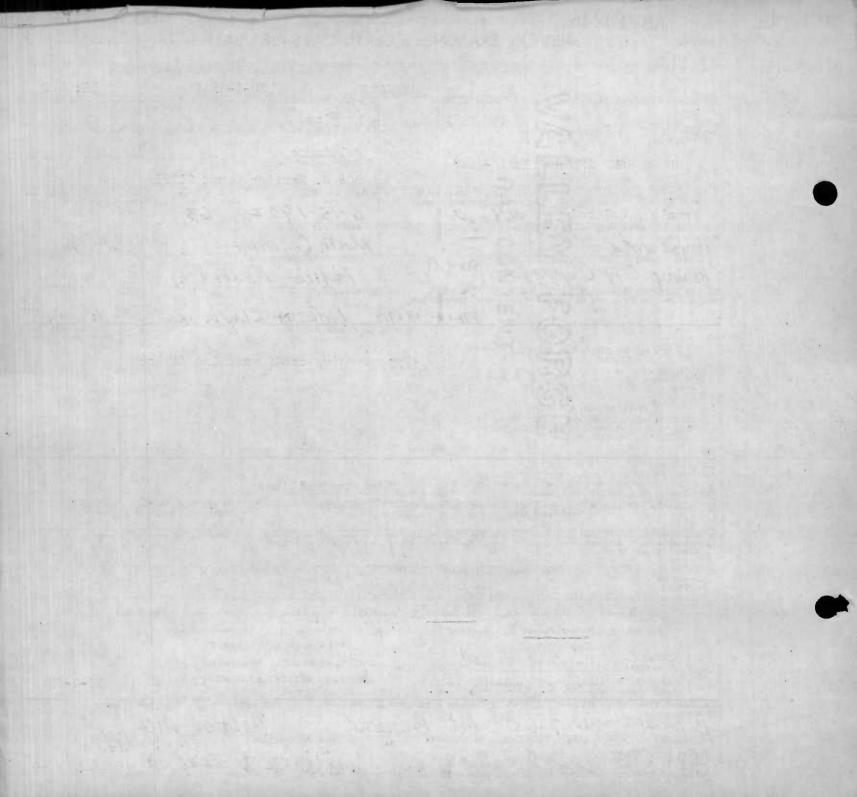
13-623

BIRTH NO. MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) CHARLOTTE BARKDALE CLARIOTE	Barksdale September 29, 1965 4:26 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore
Tohna Honlina Hospital	D. STREET ADDRESS (If rural, give location)
Johns Hopkins Hospital	1(12 N D.44 D-1
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1613 N. Patterson Park B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	lost birthdoys Months, Doys, Hours, Min.
female negro SINGLE 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	2-6-1946
done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NOME NONE	Balto, Ma.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Russell	CLAMINE JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 1613N1PagepoNPKA
NO	
	AUSE OF DEATH INTERVAL BETWEEN
DISTACT OR CONDITION DIRECTLY	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tatus asthmaticus
(This does not mean the mode of dying e.g., DUE TO heart failure, asthenia, etc. It means the disease,	cacas ascamacios
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
OUNDERLYING OR CONTRIB-	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT	NOT WHILE AT WORK
22.	
1 certify that I held on Inquiry Inspection	Autopsy X and that on this basis, death in my opinian
resulted fram: Natural causes X Accident S	ulcide HomicIde UndetermIned monner
And to	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Noturian	M.D. ASSISTANT MEDICAL EXAMINER &
EXAMINER'S Rudiger Breitenecker, M.D	ASSOCIATE MEDICAL EXAMINER 9-29-65
NAME (Type) RUGIGET BIETCHIECKET, FI.D	
REMOVAL (Specify)	TERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial 10-4-65 Mt. Calu	and Coty HAND Anundel Com.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNDRAL DIRECTOR ADDRESS
ACT 6 1965 P. O. B. E. Farbey Miles	Da. 10008 0000 CO. + 0
VS 151-REV. 1/1/65	Hugory Vervier/4120 12 restored



MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No.
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BIRTH NO.	MEDI	ICAL EX	AMINER'S C	ERTIFICA	TE OF	DEATH Registe	ered No	
M.E. CASE NO.		72 72 7						
1. NAME OF DECEASE (Type or Print)					2. DATE AN	D HOUR PRONOUNC	ED DEAD	
		BERTA	STEWA) - 4-65	11:02	
3. PLACE IN BALTIMOR FULL NAME OF	NOT IN HOSPITA	AL OR INSTITU	NCED DEAD TION, GIVE STREET	Mary la	nd	B. CO	X	
HOSPITAL OR A	DDRESS OR LOCA	TION)		Baltim		e carparate limits, writi	e RURAL and give lawnsh	пр)
CHURCH HOME AND HOSPITAL - DOA				D. STREET ADDRESS (If rural, give locosion) 306 S. Herring Court 21231				
5. SEX 6. RA	lored		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	-140Z	9. AGE (In years last birthday)	Months Doys Hours	24 Hi
IOA. USUAL OCCUPATIO	N (Give kind of work			Marth Marth	Capala	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?	
TOUSE WIFE				14. MOTHER'S	MAIDEN NAM	E	, JUT	
HENRY CLA	A Cobbi	195	2 4 80 6141	Moll	IE K	Edterm	ADDRESS	
15. WAS DECEASED EVE (Yes, no or unknown);(If ye			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDKESS	
			171-10-39271	Dd.	5514 C	LANDOYKA	-306 HERRIN	4
1B. 4443	X N-20	D.X	CAUSI	OF DEATH			INTERVAL BE	
	CONDITION DI							
	DING TO DEATH		(A) Hype	ertensive	cardiov	ascular dis	ease	
heart failure, asthe	eon the made of nia, etc. It means on which coused o	the discose,	DUE TO					
	ENDENT CAUSE		(Bl					
RISE TO THE ABO	ONDITIONS, IF A IVE CAUSE (AL ST	TATING THE	DUE TO					
UNDERLYING CO	ONDITION LAST.		(C)					
<u>Ó</u>	II.		(3/1000000000000000000000000000000000000					
TO THE DEAT	II INT CONDITIONS H BUT NOT REL IDITION CAUSING	LATED TO TH		labetes m	ellitus			
19A. DATE OF OPER		DITION FOR V	VHICH OPERATION	20A. AUTOPS	SY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
UNDERLYING OR COUNTRY OF	ONTRIB-	21 B. home, etc.)	PLACE OF INJURY (e.g., form, factory, street,	in or about 21C.	WHERE DID RY OCCUR?	(If in Baltimore City, gi	ve exact location)	
21D TIME (Mor	th) (Doy) (Year		HILE AT NOT	WHILE	ILNI DID WOH	URY OCCUR?		
22. I certify th	at I held an I				nd that an th	Is basis, death in s	ny apinian	
resulted fr	am: Natural ca	uses X A	ccident Sulcid			Undetermined mann	er 🗌	
ACTUAL SIGNATURE	MV	I he e	eld m.p	CHIEF	MEDICAL EX	_	DATE SIG	NED
EXAMINER'S NAME (Type)	PETER W.	RICKER	T, M.D.	ASSOCIATE	MEDICAL E	XAMINER X	10-4-6	55
23A, BURIAL CREMATIC REMOVAL (Specify!	10-7-	-65 230	Mt. Auby	CN CREMATORY	23D. L	ALTO. N	14.	Stote)
OCT 6 196	5 Poleet		OF REGISTRAR		RAL DIRECTOR	101 61157	IR. HARFORD	116
VS 151-REV. 1/1/65	Violen	4. 400	3 1)	ONE K	ABALL I	S. UNES,	IN HARFORD	1102



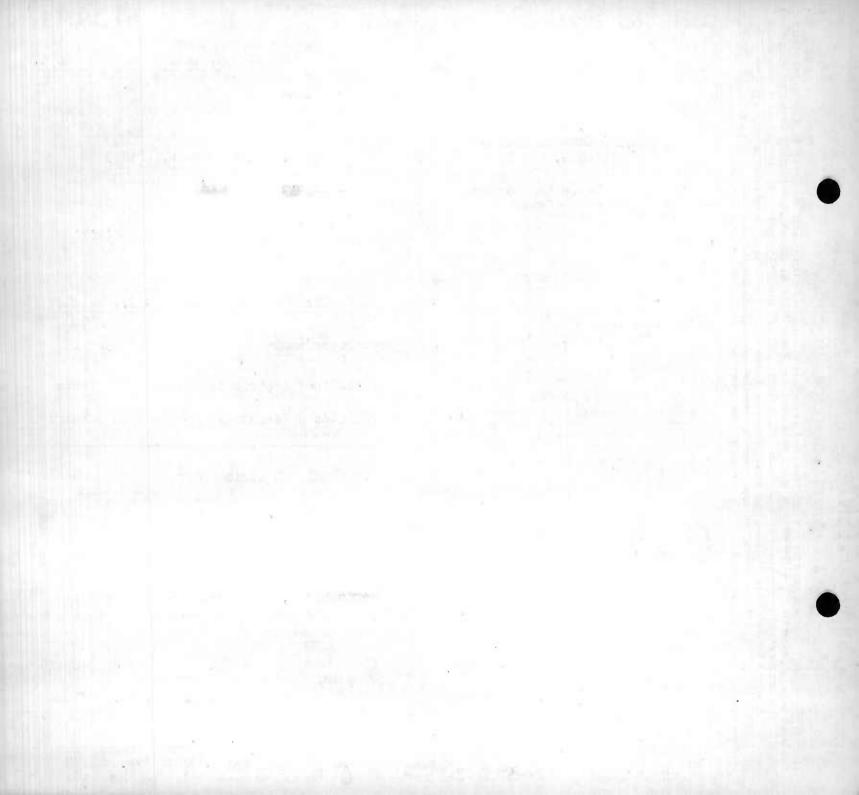
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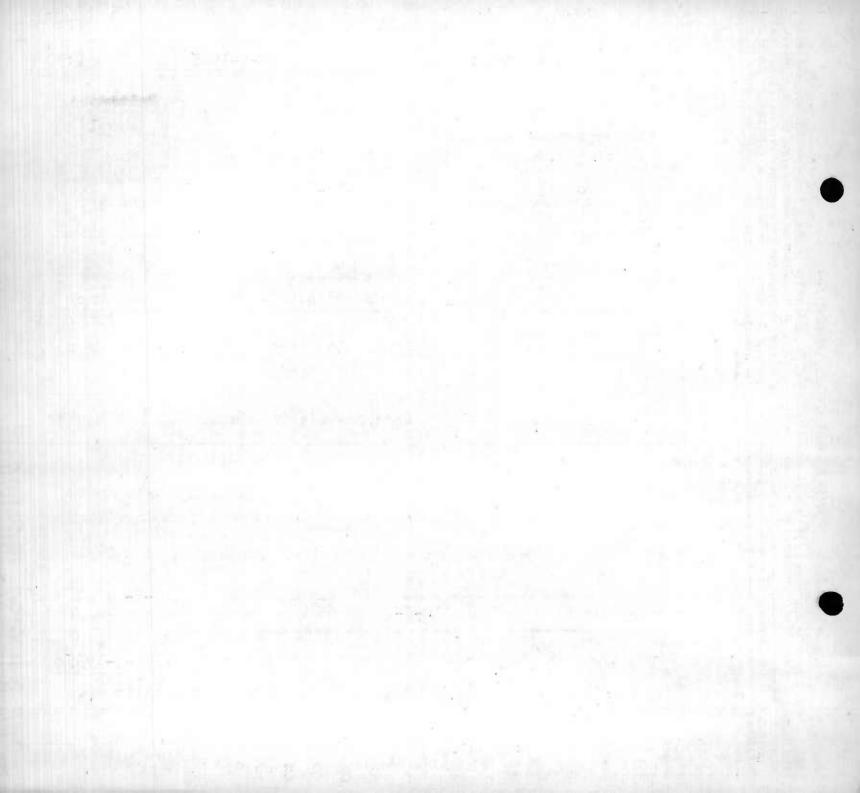
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James R Verden 8 Hang Charles BRIVER Cotting Cedar Blog Cent Ormaportes Me John M. Fryler Some Bronnepal VIII

VS 150-REV. 1/1/65





23 C. NAME OF CEMETERY OF CREMATORY

24B, NAME OF REGISTRAR

23D. LOCATION

. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

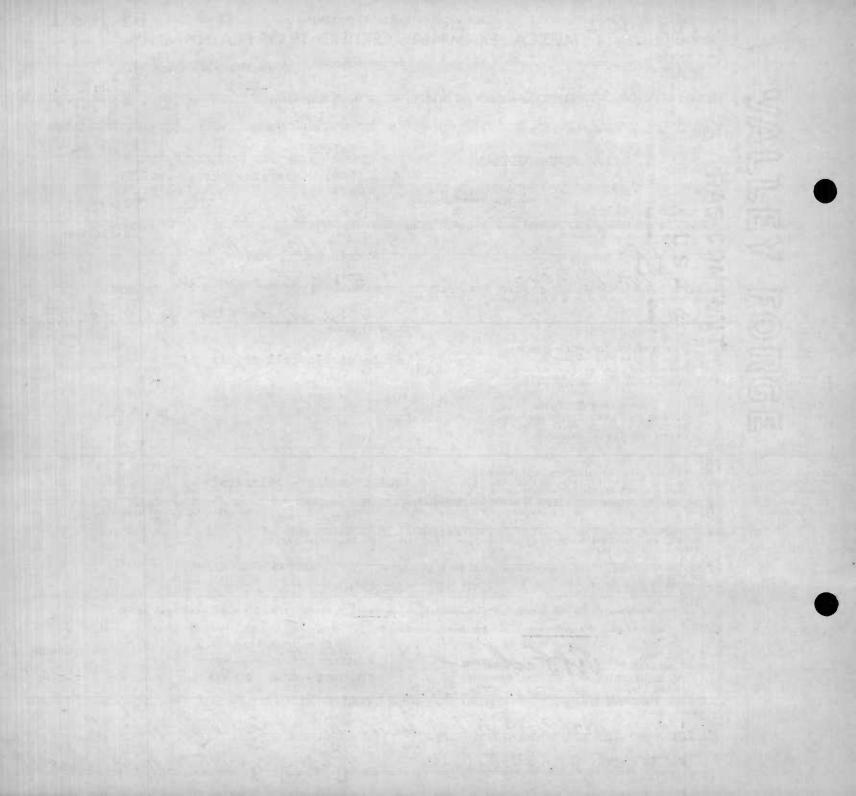
23A. BURIAL CREMATION.

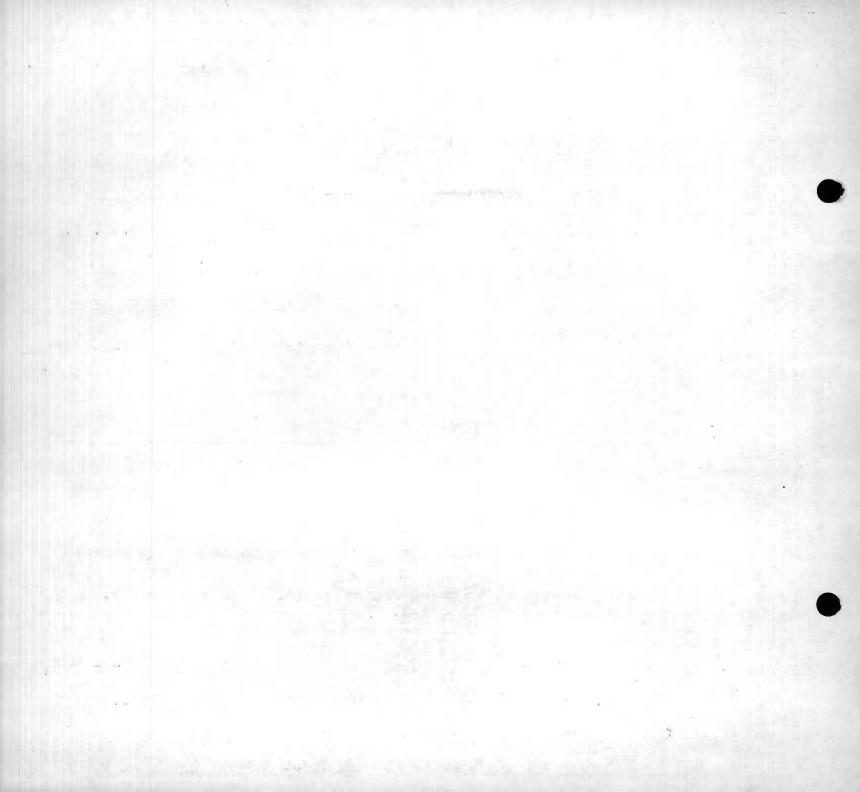
24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

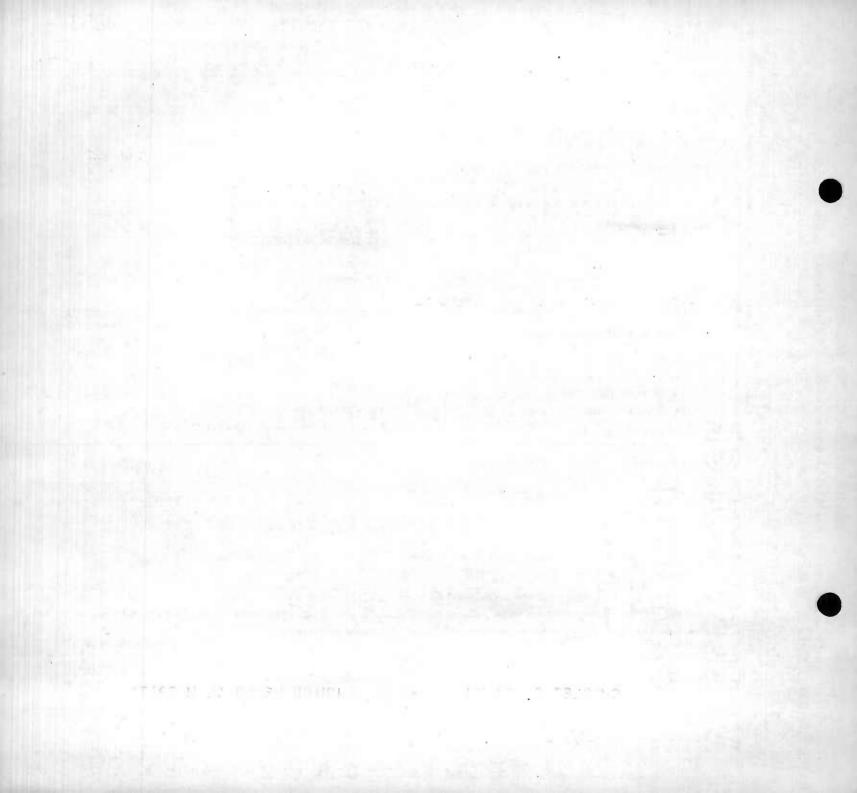
VS 151-REV. 1/1/65

23B, DATE

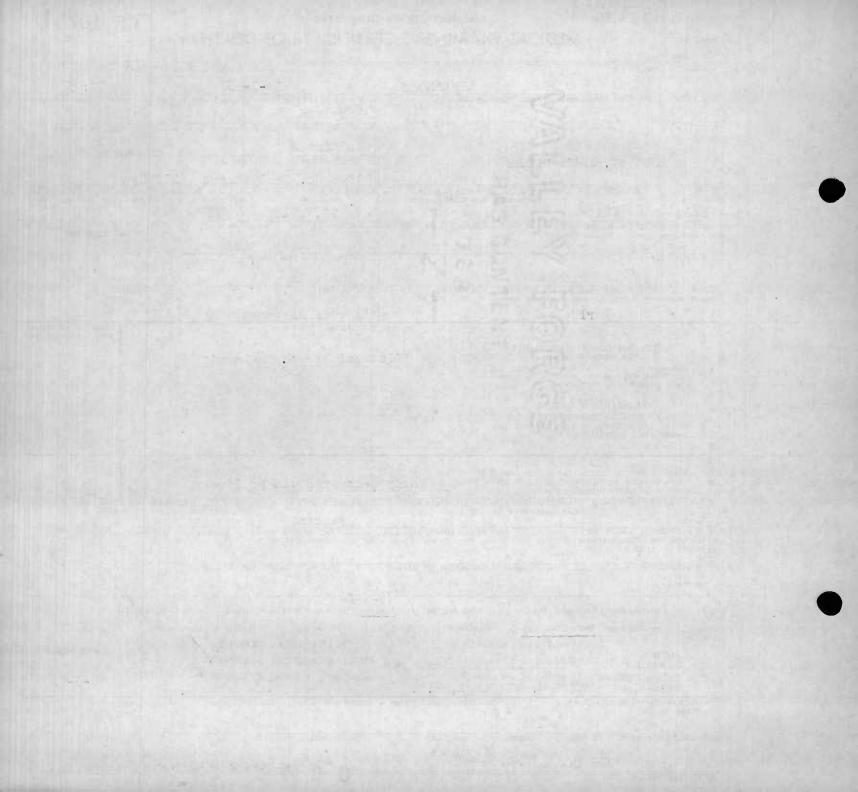


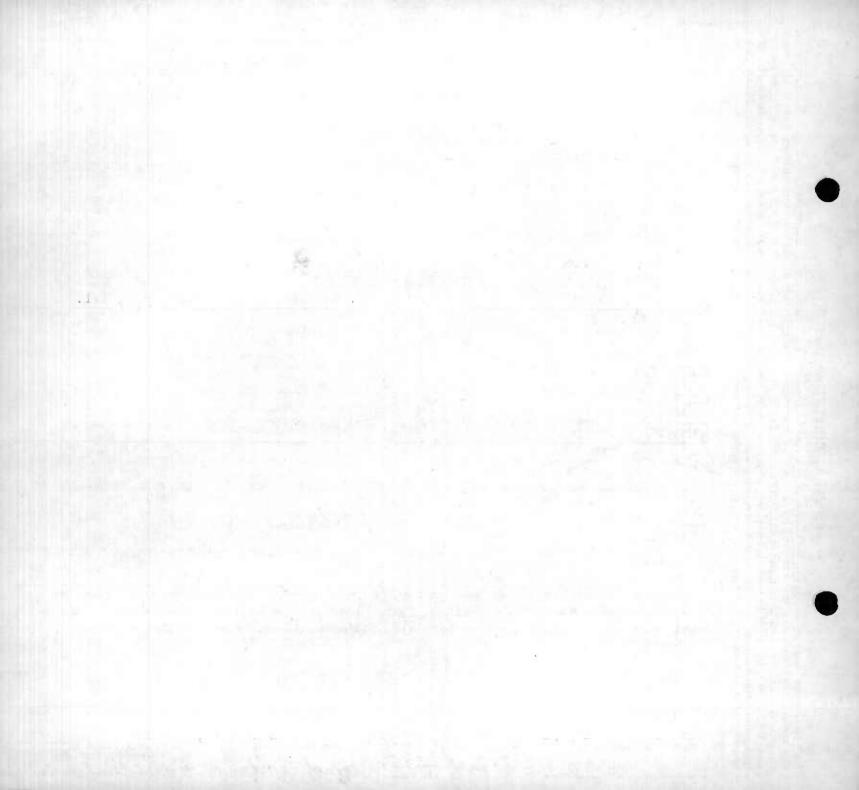


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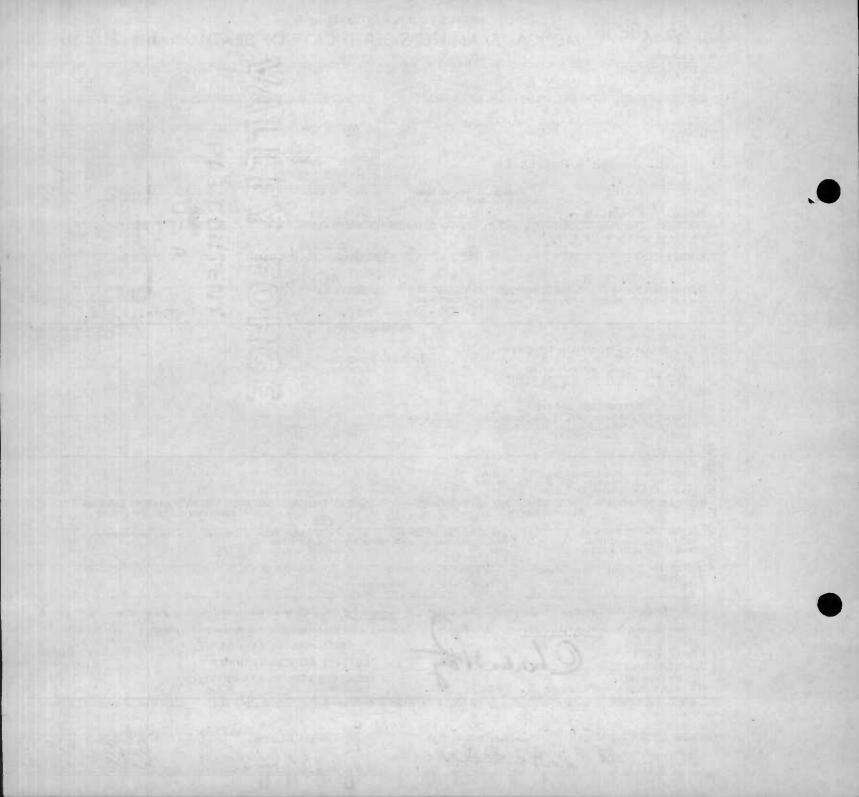


BIRTH NO.	WEDI	CAL EX	AMINER'S	CERTIFICA	TE OF D	EATH Registe	ered No	
M.E. CASE NO.								
Type or Print)	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
	JIM		ALEXANDER		10-3		10:05 P	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before admission and anyland B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurel, give location)					
1808 ST. PAUL STREET								
SEX	6. RACE	7 44 4 9 9 1 5 9	NEVER MARRIED	1808 S			202	
	o. RACE		VORCED(specify)	S. DATE OF BIT	G H	9. AGE (In years lost hirthday)	Months Doys Hours Mi	
Male	White		vorced	Jan 20,		54 .		
	JPATION (Givo kind of work working life, even if retired)						12. CITIZEN OF WHAT COUNTRY?	
	Manager	New	spaper	Kansas	City, M	issouri		
FATHER'S NAM	\E			14. MOTHER'S	MAIDEN NAME			
	rt Lee Alexar				Milson			
	O EVER IN U.S. ARMED		6. SOCIAL SECURITY NO,	17. INFORMAN			ADDRESS	
Yos	World War	· TT		Miss Ann	Alexande	er		
18. 21 0	1 4		CAU	SE OF DEATH			INTERVAL BETWE	
UNDERLYIN	E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTIN			J	7.9		
DISEASE OF	R CONDITION CAUSING OPERATION 19B. CON	IT. DITION FOR W	HICH OPERATION	y metamorp	SY? (Yos or No) 2	OB, IF YES, WERE FIL	NDINGS CONSIDERED	
2	WAS PERI	ORMED		Part		N CERTIFYING CAUS		
21A. EXTERNAL UNDERLYING DEAU		21 B. P home, otc.)	form, foctory, street,					
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		E. INJURY OCCURRED	T WHILE	HOW DID INJU	RY OCCUR?		
22. 1 cert	tify that I held an li	nquiry 🗌		utopsy X	nd that an this	bosis, deoth in n	ny opinion	
resul	ted fram: Natural car	ses X A	cident Suic			ndetermined monne	er 🗌	
ACTUAI		le est	el M.	D. ASSISTANT		AMINER -	DATE SIGNED	
EXAMIN	ER'S	V. RIECK	ERT, M.D.	ASSOCIATE	MEDICAL EX	AMINER A	10-4-65	
A. BURIAL CRE	MATION, 23B. DATE		NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	, town, or county) (Stote)	
Removal (Specify	- 70/1/		PF REGISTRAR	240 5101	ERAL DIRECTOR	WASH	DIC,	
OCT 6		5 E. F.		8 H	Himle.	Company	Mushenston D	
S 151-REV. 1/1/		7	5 1	9 1/8/1	5 7	congrand	The state of the	





(Type or Print)	CEASED HENRY	FANT		October 1, 1965 8:35 P		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland Maryland			
Full Name of (IF Not IN Hospit, Address or Local Institution St. Joseph's Hos				WN (If outside corporate limits, with altimore	e RURAL ond give township)	
		pital	D. STREET ADDRESS (If rurol, give locotion) 137 E. North Avenue 212		21202	
5. sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Widowed	November	9. AGE (In years lost birthday) 29, 1896 68	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if refin			Roano	(Stote or foreign country) Re, Virginia	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAN	M. Fant		14. MOTHER'S M	J. Winesett		
15. WAS DECEASE	D EVER IN U.S. ARMED		17. INFORMANT	Harvey Brown Port	Nansemond Crescent smith, Va.	
DISEASES RISE TO THE UNDERLYIN	ONTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE	ANY, GIVING DUE TO (C)(C)				
DISEASE OF	R CONDITION CAUSING	OIT	20A. AUTOPS	(? (Yes or No) 20B. IF YES, WERE FI		
21 A. EXTERNAL UNDERLYING UTING CAU	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	, in or obout 21C.	WHERE DID (If in Boltimore City, gi		
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	WHILE AT NO	D 21 F. H	OW DID INJURY OCCUR?		
22.	rify that I held on I	nquiry Inspection		d that on this bosis, deoth in r		



THE RESIDENCE OF THE PARTY OF T MC2 S.S. KAPAR AN 12 AN BLOCK BURNOOM BURNOUN STANKE HAR ST

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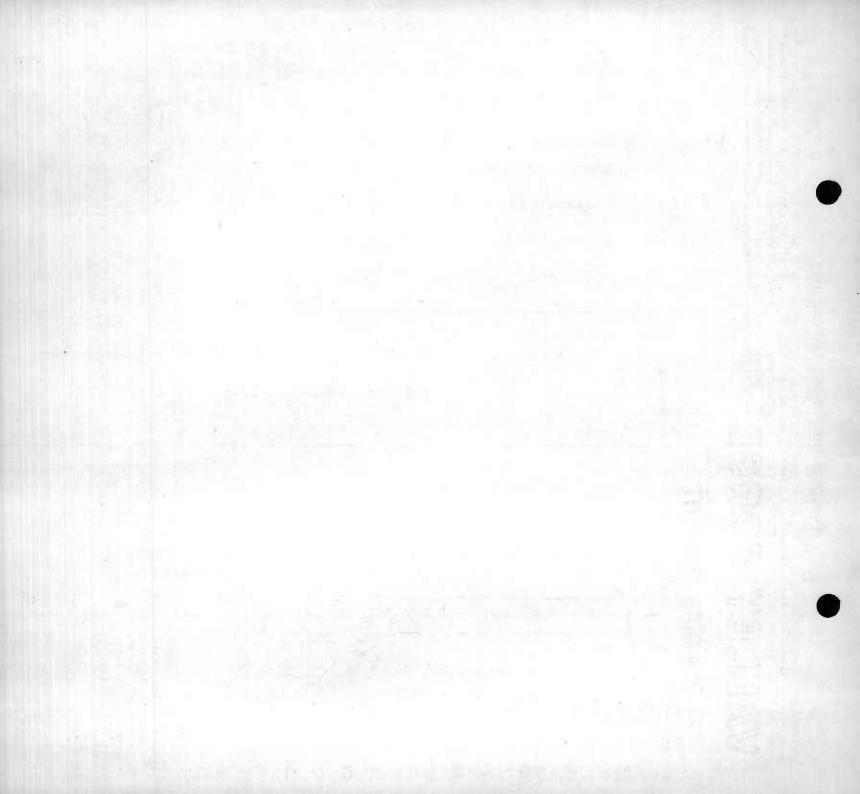
IMPORTANT

DIRECTOR:

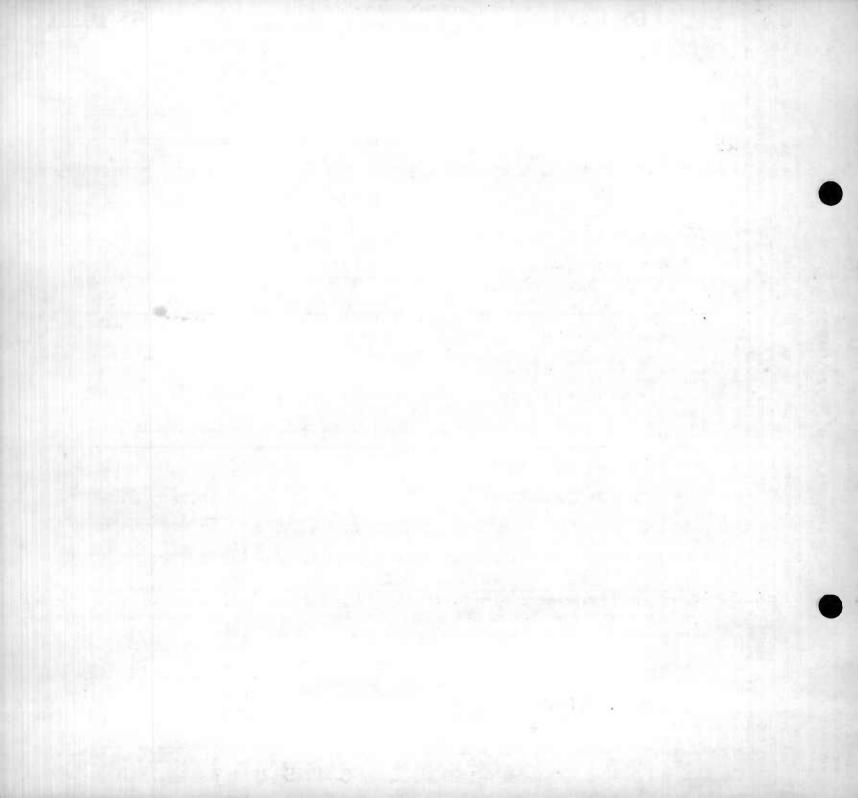
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IMPORTANT

FUNERAL DIRECTOR:



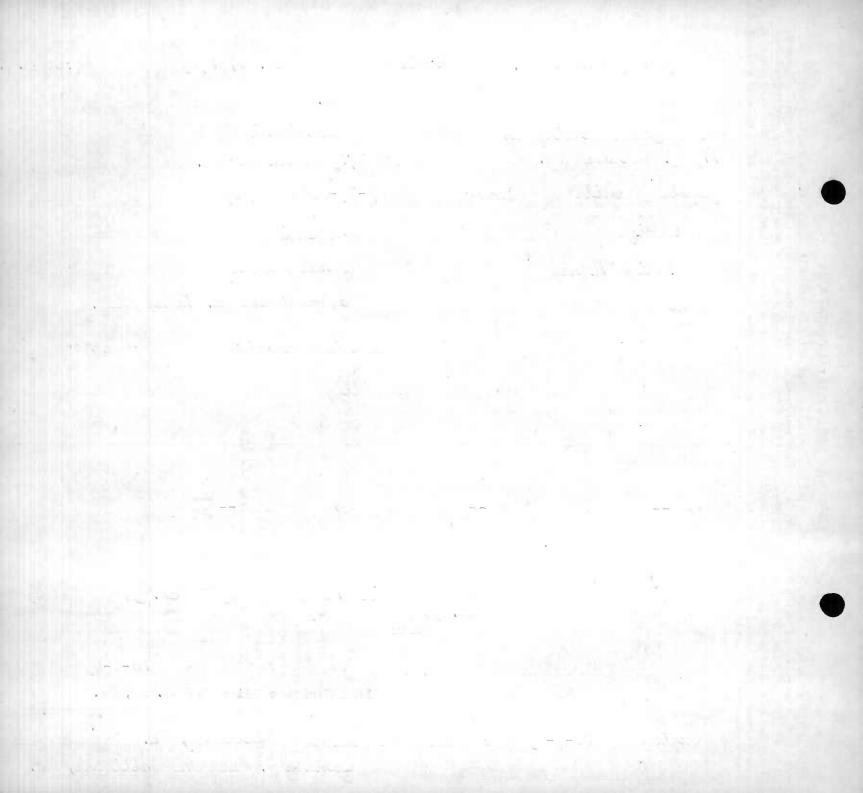
CE 400C4	BALTIMORE CITY	HEALTH DEPARTMENT		05 40004	
BIRTH NO. 65 10261	CERTIFICA	TE OF DEATH	Registered No.	65 10261	
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH		
(Type or Print) A	Staten			16:30 A M	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Staten	14. USUAL RESIDENCE (Whe	4/65 re deceased lived. If ins	titution: residence before admission)	
		A. STATE B. COUN	TY ,	2112-	
FULL NAME OF (If not in haspital or institut	OSPITAL OR address or lacotion)			1-1-0	
INSTITUTION	1 1	C. CITY OR TOWN (IF ou		UKAL and give tawnship)	
University Hosp.	ital	D. STREET ADDRESS (II	rural, give location)		
6		1115 S. Carey St.			
5. SEX 6. RACE 7. MAR!	NED NEVER AAARDIED			•	
WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
1- W Se	perated	8/1/93	72		
10A. USUAL OCCUPATION (Give kind of work 108, KIN) dane during most of working life, eyen if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIJE D	04ESTIC	Viveina		1100	
13. FATHER'S NAME	0 , 0 0 , 1	14. MOTHERS MAIDEN NA	ME	997	
E1 + 1 N		1111	^		
Fletcher Ouncas 15. Was Decoased Ever in U. S. Armed Forces?		Lillian S	ongev	ADDRESS	
(Yes, na ar unknown) (If yes, give war ar dates af servi	SECURITY NO.		0	ADDRESS	
NONONE	None	Patient			
18. 5 8 1. 1		F DEATH	7	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	
LEADING TO DEATH	(A) Gra	astric Hemmo	rnhack	24 Hours	
(This does not meon the mode of dying, heart failure, astheria, etc. It meons the dise			V		
injury or complication which caused deoth.)				3	
ANTECEDENT CAUSES	(B) (-c, &	trict Esophoges	1 Varices	C	
DISEASES OR CONDITIONS, if ony, gi	wing			3	
rise to the obove couse (A) stating		enne ('s C;	hrhous	6.	
UNDERLYING CONDITION last.					
Z	and a				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	THE				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 199A. DATE OF OPERATION 1998. CONDITION F WAS PERFORMED	OR WHICH OPERATION	120A AUTOBEY2 (Ver or No	208 IE VEC WERE E	INDINGS CONSIDERED	
WAS PERFORMED	OK WHICH OFERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	ISES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTURY (2.0	9 es .	(If in Ralliman)	City, give exact lacation)	
OR CONTRIBITING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	office Bldg., INJURY OCCUR?	tii in bainmore	City, give exact lacation/	
DEATH (natify medical exominer)	None	. ho	na		
21 D. TIME (Manth) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROXI) None	While At Wark At Wark				
			10 1.5	10/4 1965	
22. I certify that (I) (this haspital) attend	1.0 / 1 /		19 <u>65</u> to	Manager to the second control of the second	
that (1) (we) lost saw the deceased alive	an 10 19	19 6 5 ond th	at in (my) (our) apin	ion death occurred an the dot	
ond haur and from the couses stated abov	e. (I) (We) (did) (did not)	view the body ofter deoth.			
23A. SIGNATURE				238, DATE SIGNED	
Henry a. Haron	M.D. Att	ending Med. Director	Stoff Phys.	10/4/65	
23C. PHYSICIAN'S	2	23D. ADDRESS		10,1,00	
NAME (Type)	M.D.				
Henry A. Saiontz					
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CR	EMAIURY 24D. L	OCATION (City	y, tawn, ar caunty) (Stotel	
BuniAL 10-7-65	GLEN HAU	EN 61	FU BURN	IE Md	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	al Municipal	HAM ADDRESS	
OCT 7 1965 R.C.	DE STONEUMA	0 660. L. J. hw	mille 911	of the Ariella	
VS 150-REV. 1/1/65	and See	Summer W	2/6	1 manie une	

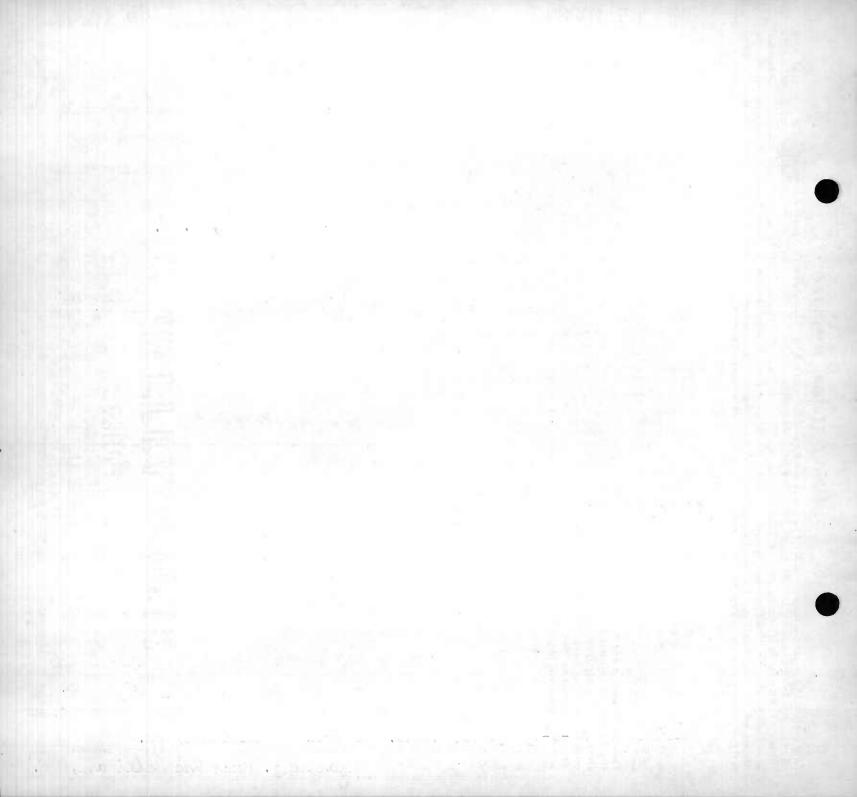


IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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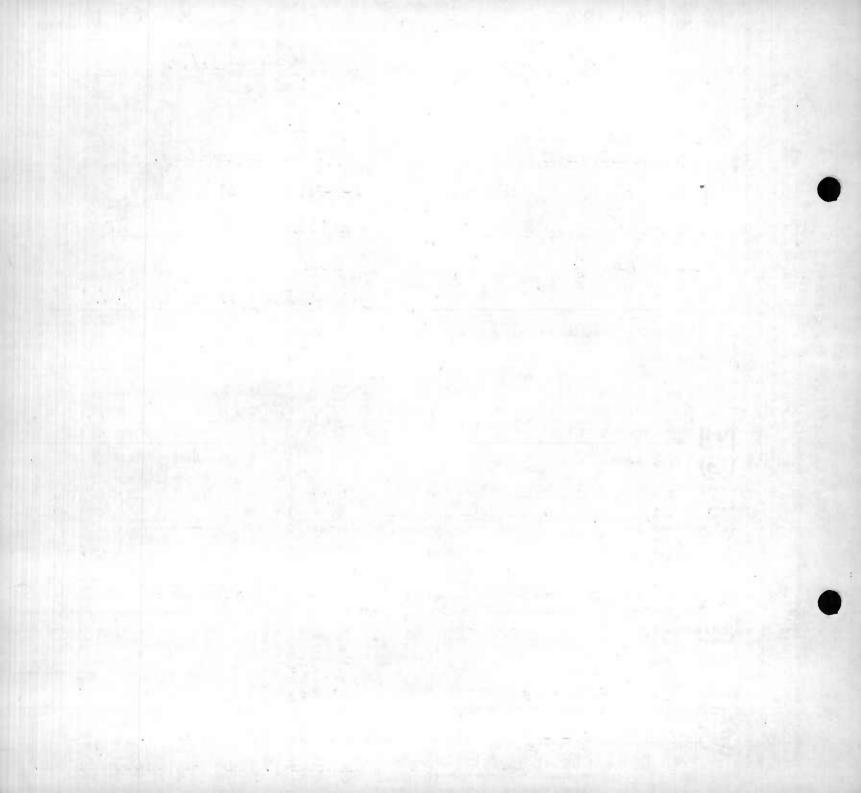
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ETIPLI

HOLS 1/1E

1	
Z.200	BIRTH NO. M.E. CASE NO. 1. NAME OF DECE (Type or Print)
pital of de Deceon	(Type or Print) 3. PLACE OF DEA
a hos cause se; (5) endane to de	FULL NAME OF HOSPITAL OR INSTITUTION
red in uting ed cau ar atte	9 Gould (
occur ontrib ermin regula	female 10% USUAL OCCU done during most of w
death t or c Undet as in e dec	done during most of w Housewi 13. FATHERS NAM
FUNERAL DIRECTOR: IMPORTANT certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and is so if the direct or contributing cause of death is: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the assed prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such en approval must be obtained before the remains are embalmed or final disposition is made.	Frank 1
APOR1 his assi o, if th fany k ended d or fir	1B. 26 DISEAS
R: IN ner or er. Als cture o pronou	(This does no heart failure, o injury as camp
RECTO exami examin 3) A fra n who n regu	DISEASES O
FUNERAL DIRECTOR: IMPORTANT be chief medical examiner or his assistant by a medical examiner. Also, if the dire 2) Body burns; (3) A fracture of any kind; (4) re the physician who pronounced death physician was in regular attendance on fore the remains are embalmed or final dis	UNDERLYING OTHER SIGNIF
chief ny a me y a me body by the physician	OTHER SIGNIF TO THE DE DISEASE OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY
FI by the ital b ital b where No ph	21A. ACCIDEN OR CONTRIBU
oved to hosp ratured (6)	(APPROX)
	22. I certify that (I) (we)
ust be appeased to ident of cospital (nospital);	ond hour and
his certificate must be apple body was released to thows: (1) An accident of a vas D.O.A. at a hospital (elecased prior to death); written approval must be c	23C. PHYSICIAN NAME (Ty
nis certificate m le body was rel lows: (1) An acc as D.O.A. at a sceased prior to	24A. BURIAL CREA REMOVAL (S
This certif the body shows: (1) was D.O deceased	25A. DATE REC'D

	LTIMORE CITY HEALTH	DEPARTMENT		CF 100-
M.E. CASE NO.	ERTIFICATE O		Registered No	
1. NAME OF DECEASED (Type or Print) A			ND HOUR OF DEAT	1 -
Mary Lack		Ucto	ber 5,196	5 10
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUA A, STAT		ere deceased lived. If	institution: residence before od
	MI			1-04
FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location)	2 1 1 0 6 1			
INSTITUTION	C. CIT	011.		e RURAL ond give township)
Gould Convalesarium		Daltimor		1
	D. STRE	A1 .1	rurol, give location)	
6116 Belair Road		141 North	(hapel)	t.
SEX 6. RACE 7. MARRIED, NEVER A WIDOWED, DIVOR	AARRIED B. DATE	OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours
1 / / / / /	(specify)	5-1883	lost birthdoyl	Monms Doys Hours
or usual occupation (Give kind of work 10B. KIND OF BUSINES			oin country)	12. CITIZEN OF
one during most of working life, even if retired)	Α.	4 4	ngn coonny.	WHAT COUNTRY?
Housewite	Ma	ruland		USA
3. FATHERS NAME	14. MOT	HERS MAIDEN NA	ME	0.07
7 / /// , /				
Frank Hlotsky		anna		
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCI	AL JRITY NO.	RMANT		ADDRESS
3100	Emi	19. 70b	5911 Rade	cho Avo.
18. 0 / 0 × 1	CAUSE OF DEATH	U .	J/ · · · · · · · · · · · · · · · · · · ·	INTERVAL BETWE
X60 X	CAUSE OF DEATH		6.	ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(M)	Mallan.	trandia	- Can
(This does not mean the made of dying, e.g.,	(A)	1 am lar	very unog	20 0 1/2
heart failure, asthenia, etc. It means the disease,	DUE TO		2 /2	
		mesto	rite:	240.
heart failure, asthenia, etc. It means the disease,	(B) acut	e maple	ritis	290.
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES	acut	e maple	nitis	240.
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VS 151-REV. 1/1/65

65 10266

IRTH NO. MED	DICAL EXAMINER'S C	CERTIFICATE OF DEATH Register	ered Na. 10266
M.E. CASE NO.			
NAME OF DECEASED Type or Print)	The parameter Iss	2. DATE AND HOUR PRONOUNCE	
PLACE IN BALTIMORE, MARYLAND, V	RY F. BREMER Jr.	10-3-65 4. USUAL RESIDENCE (Where deceased lived. If ins B. CO Maryland	5:25 P M. stitution: residence before odmission
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC NSTITUTION	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limits, write	le RURAL and give lownship)
^		Baltimore	21-14
4200 SOMERSET	PLACE	D. STREET ADDRESS (If rurol, give locotion) 4200 Somerset Place 212	210
Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH OC+ 20 1901 63	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	Married OR HOD OF BUSINESS OR INDUSTR	Oct. 20, 1901 63	12. CITIZEN OF
one during most of working life, even if retired)		Doltimone Md	WHAT COUNTRY?
Ret.	Globe Brewery	Baltimore, Md.	
Hanny E By	aomo n	Leida B. Brewer	
Henry F. Bi	D FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
fes, no orunknown) (If yes, give wor or do	tes of service) SECURITY NO.	Mrs. Ralph Truitt-4410	O Marble Hall Ro
18. E 9 /6	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DE LEADING TO DEAT			
heor foilure, asthenia, etc. It mean injury or complication which coused ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	SES ANY, GIVING STATING THE		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R	ELATED TO THE		
19A. DATE OF OPERATION 19B. CO		20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	
21A. EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.,	Yes in or about 21C. WHERE DID (If in Boltimore City, g	rive exact location)
UNDERLYING TO CONTRIB-	Home	office bldg., INJURY OCCUR? 4200 Somerset Place	
21D TIME (Month) (Doy) (Ye			colf in right
	65 PM m. WHILE AT NOT	WHILE E temple - Was depres	sed
22. 1 certify that I held an	Inquiry Inspection Au	and that on this basis, death in	my apinian
resulted from: Natural c	auses Accident Suicid	de X Homicide Undetermined mann	ier 🗌
ACTUAL /) Keall	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S	RIECKERT, M.D.	ASSOCIATE MEDICAL EXAMINER	10-4-65
NAME (Type) PETER W	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City	y, town, or county) (State)
REMOVAL (Specify) Burial 10/	-0	Park Cem. Balto.	
4A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
OCT 7 196	o o o o E stankentho	Mitchell_Wiedefeld	Home

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BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) MARY DAY WINN October 1, 1965 2:05 P 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Union Memorial Hospital 1312 John Street 6. RACE 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months, Days, Hours, Min. Female White 1888 Single 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? None Virginia 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Elizabeth Jane Day Charles W. Winn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. New York, N.Y. Mrs. Demaris Gillespie No INTERVAL BETWEEN CAUSE OF DEATH 0.001 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Acute Barbiturate Intoxication. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or camplication which caused death.) DUE TO ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O ERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ü No 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 1312 John Street Home 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 D TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) NOT WHILE 10 65 Overdose 22. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death In my opinlan resulted fram: Natural causes Suicide x Hamicide ___ Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL

SIGNATURE EXAMINER'S

Charles S. Petty, M.D.

M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

(State)

ASSOCIATE MEDICAL EXAMINER

10/2/65

ADDRESS

23A. BURIAL CREMATION, REMOVAL (Specify)
Removal

NAME (Type)

23B, DATE 10/2/65

Johns Hopkins Medical \$chool 24B, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

cell

24C. FUNERAL DIRECTOR

Baltimore, Md

(City, town, or county)

24A. DATE REC'D BY HEALTH DEPT.

Mitchell-Wiedefeld Home.Inc. 6600 York Road Balto.12, Md.

23D. LOCATION

VS 151-REV. 1/1/65

and the state of the case of t

I LUC. HILL

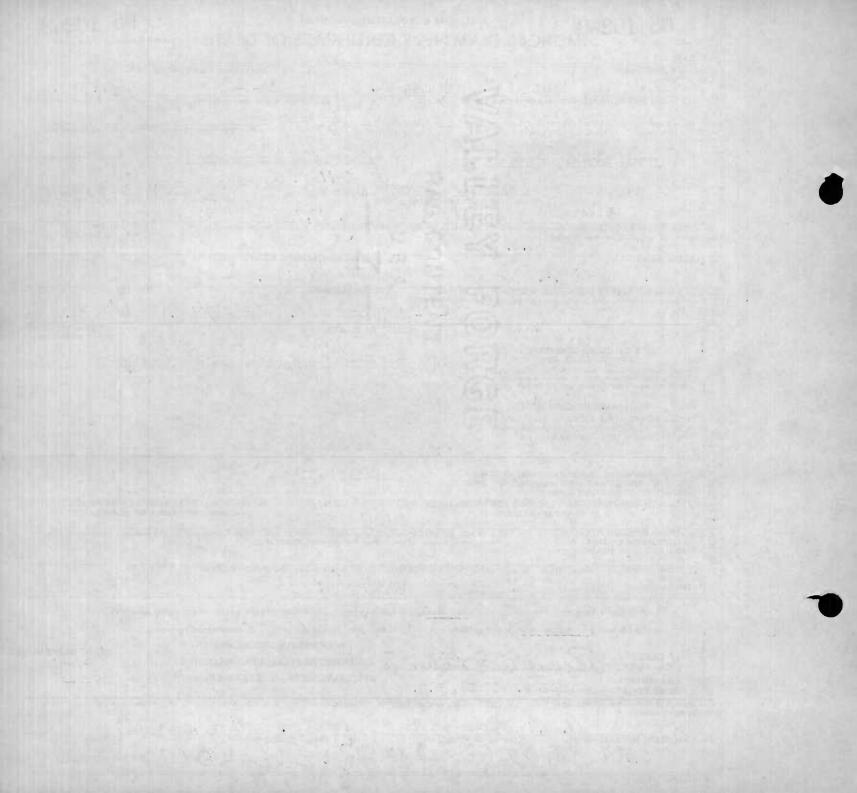
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Licensell-devocate note

65 10269 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.	WED	ICAL EX	AMINER'S C	ERTIFICA	IF OF D	EAIH Registe	red Na,
-	E. CASE NO.	MERKING SE						
1. (Ty	Pe or Print)	CEASED	0			2. DATE AND	HOUR PRONOUNCE	D DEAD
		WA	LTER /	COBURN S		10-4		7:00 P. M.
3.	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where de	eceased lived. If insti B. COU	itution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Mary1	and		
HC	SPITAL OR	ADDRESS OR LOCA	TION		C. CITY OR TOV	WN (If outside	corporate limits, write	RURAL and give township)
					Balti	more	/	0 /
	JO	HNS HOPKINS H	IOSPITAL	- DOA	D. STREET ADDI	RESS (If rurol, g	rive locotion)	
					291.1	E. Monum	ent Street	21205
5. 3	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTI	Н	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	Male	White	14	ried.	Sept. 12.	1892	73	
		UPATION (Give kind of world			Y 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF
don	lacrin	working life, even if retired)	U.S. G	overnment	Marie	Land.		WHAT COUNTRY?
13.	FATHER'S NAM		J., 400		14. MOTHER'S M			
		Daniel J.D	Cobuni	7.	Sa	phia M.	-	
15.	WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	- VOC / 19		ADDRESS
(Ye	8.0	(If yes, give wor or date	s of service)	SECURITY NO.	- M	M C.1	2011	A1 , C,
	No			220-20-/105	Margaret	111. (00u	rn 2911 C.	Monument St.
-	18.	3 X 2 1266	X	CAUS	E OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI						
	(This door	LEADING TO DEATH not meon the mode of		(A) Hy	pertensive	cardiov	ascular dis	sease
	heart failure	, asthenia, etc. It means mplication which caused	the disease,	DUE TO				
	111/01/ 01 00	implication which couses	2001111					
		ANTECENDENT CAUSES						
		DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						
_	UNDERLYII	NG CONDITION LAST.		(C)				
CERTIFICATION			•	(0/			***************************************	
	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTION	NG D1:	abetes mel	litus		Self Control of the C
은	TO THE	DEATH BUT NOT RE	LATED TO T		abeles mel	.11000		
1 N	19A, DATE OF			WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 2	OB, IF YES, WERE FIR	NDINGS CONSIDERED
Ö	15	WAS PER	FORMED		Mo	11	CERTIFYING CAUS	SES OF DEATH?
¥		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (IF	in Boltimore City, gi	ve exact location)
EDIC	UNDERLYING	OR CONTRIB-	home,	, form, factory, street,	office bldg., INJURY	OCCUR?		
ME	21 D TIME) (11) [2	1 E. INJURY OCCURRED	215 H	OW DID INJUR	V O CCIID?	
	OF INJURY	(Month) (Day) (Year				OW DID INJUK	i occor:	
	(APPROX.)		m. V	VHILE AT NOT	WHILE WORK			
	22.	tify that I held an I	nguiry 🗌	Inspection XX Au	tapsy and	d that an this	basis, death in m	ny apinian
	resu	ted fram: Natural ca	uses X A	accident Suicid	de Hamici	ide Un	determined manne	
	1000	Training Co		certaeni ooren		EDICAL EXA	LAST.	
	ACTUA	L 62	-00	C60.	-			DATE SIGNED
	SIGNAT		2000	o relief M.C	ASSISTANT M			10-5-65
	EXAMIN NAME (Type) RUSSEL	S. FIS	HER, M.D.	ASSOCIATE M	EDICAL EXA	AMINER	and many to
	BURIAL CRE	MATION, 23B. DATE		C. NAME of CEMETERY	or CREMATORY	23D. LO	CATION (City,	town, or county) (State)
RE	MOVAL (Specif	y)	. 4.					, ,
24	Burial	Octo 5		oreland Memor			timore, Man	ADDRESS
24.	A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	ZAC. FUNER	AL DIRECTOR	0 12110	
		OCT 7 1965	bleck	E talky MA	1 h & 2	I. Kar	el 1211 (1	resaco Avenue
VS	151-REV. 1/1/	'65	19	501	4	5 8		



VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

May land General Hospital 2951 Keen ch 1245 7/25/08 57 La venille Balto. Md L. Hin Long John H. Tarker Si 29,00 52% Oct H SAL IS 62 Oct A

IMPORTANT

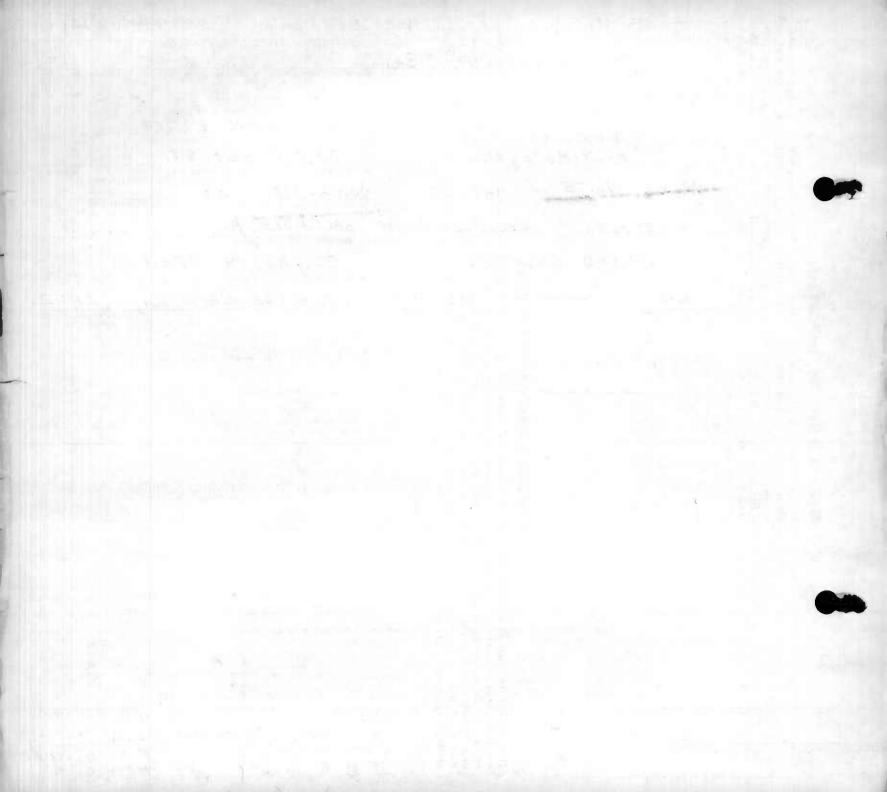
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

Maryery " Balthoon : Church How a Hospital BHS Herein of 4-10-10 52 Mamb - USA Oren Geroter Ray Monoball Marion Guyan Elizat eyer fant thyrandent surface , There is Maria Artis de la companya del companya de la companya del companya de la company Extreme 3. Bergy Ephanim B BARZHGA CHERCH HOME & HOPETHE

C.652	BALTIMORE CITY HEALTH DEPARTMENT	F 400m4
TEDOS.	BIRTH NO. M.E. CASE NO. 65 10274 CERTIFICATE OF DEATH Registered No. 6.	3 10274
Succession	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
	(Type or Print) ANTHONY J. CARNUACI, SR. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution	1 25 AM
hospital ise of d (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	n: residence before admission)
<u></u> _ 0 =	M.D.	26-81
	HOSPITAL OR oddiess or location) INSTITUTION (If not in hospital or institution, give street oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL)	ond give township)
ca ca ca to to to	Mercy HOSP. BALTIMORE #21224, D. STREET ADDRESS (If rurol, give locotion)	
Lin a cause; cause; ior to	D. STREET ADDRESS (If rural, give location)	
0	BALTIMORE, MD, 3310 FLEET ST,	
ibut ined pd p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years II Un	nder 1 Yr. If Under 24 Hrs.
The series	MALE WHITE MARRIED. JULY 22, 1931 34	
o contraction of the contraction	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. C	CITIZEN OF WHAT COUNTRY?
de in de		U, S, A,
de de	13. FATHER'S NAME	0,0,77
AT direct the tree of the tree	RAYMOND CARNUCCI ELIZABETH PFEIFE	=R
A die		ADDRESS
RTAN ssistant the din y kind; I death ince on final di	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
Fire de Article de la Company	NO 212-26-5913 JACQUELINE CARNUCCI	
IMPORTAN Mr his assistant Mso, if the di ourced death iftendance on		ONSET AND DEATH
MPC his of ar once once tended ed o	DISEASE OR CONDITION DIRECTLY	
0 - 5 - 9 -	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO (A) Co of pancie of (?!)	**************************************
R: ner. letu pro lar	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	
O minima Baula Baula	ANTECEDENT CAUSES (B)	
exam exam exam exam oxam who who are	DISEASES OR CONDITIONS if any giving	
RE (3)	rise la lhe obove cause (A) stoling the (C) UNDERLYING CONDITION last.	100000000000000000000000000000000000000
DIRECTOR: ical examiner. isl examiner. is; (3) A fractu cian who pre cian who pre as in regular ains are emba	ONDERLING CONDITION (ds).	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
FUNERAL e chief med by a medi 2) Body bur e the phys physician w	O THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Chief Chief Management		GS CONSIDERED
S the Bar of the S to	23-36-63 ABDOMINAL PAIN	T DEATH.
- E-33 E-4	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	give exact location)
トニッモスク	U U	
d by	W Ac Inthese	
A Populario	(APPROX.) While At Not While At Wark	
pro the anny	22. I certify that (4 (this hospital) attended the deceased from 9-21 1965 to 10.4	1965
0 0 0	that (I) (we) last saw the deceased alive an 13-4 1965 and that in (my) (aut) apinion de	
10957		
ust be dent dent deat deat	23A. SIGNATURE	DATE SIGNED
must eleas ccide hos to do	M.D. Attending Med. Director Phys.	10-4-65
0 - 1 0 - >	23C. PHYSICIAN'S 23D. ADDRESS	, , , ,
cate Vas An o orio	MARIAPIA CALDINI M.D. MERCY HOSP H.S.	
# C 4 P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town	n, or county) (State)
E-9-00 -	PFMOVAL (Specify)	
his cert he body hows: (ras D.C ecease	BURIAL 10-9-65 SACRED HEART CEM. 7501 GERMAN HILL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR A 125C/FUNERAL DIRECTOR 1	ADDRESS ADDRESS
This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUVERAL DIRECTOR CONTROL OF REGISTRAR 25C FUVERAL 25C FUVERAL DIRECTOR CONTROL OF REGISTRAR 25C FUVERAL 25C F	S,CONKLING ST.
	VS 150-REV. 1/1/465	3ALTO, 24, MD.
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C. 320 BRITH NO. 65 10275

BERTH NO. 65 10275

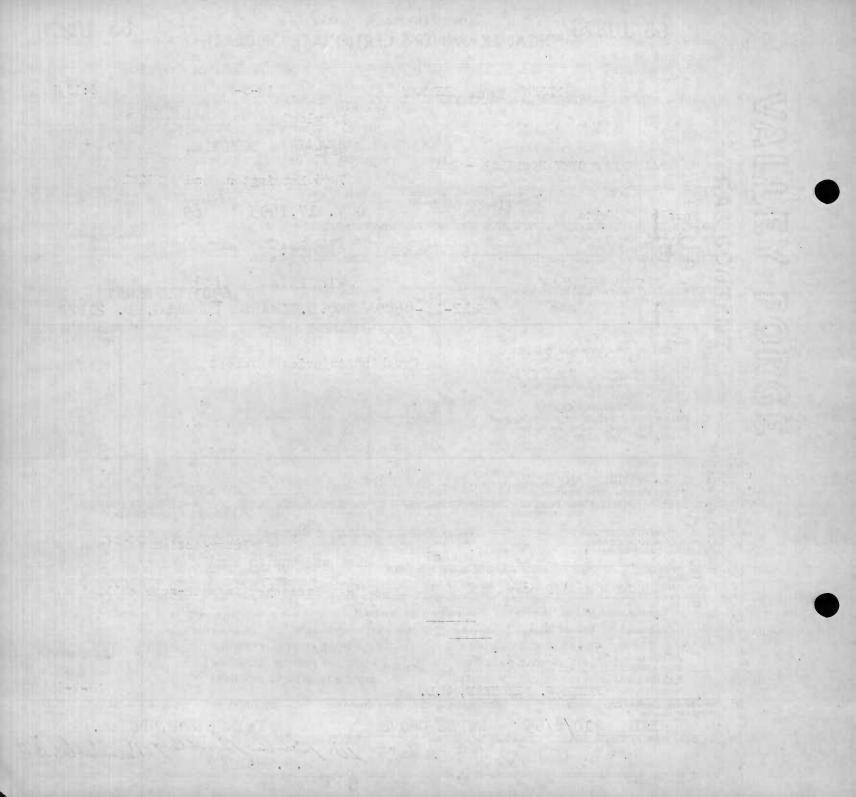
BELTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 10275

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EDGAR A. COUDOUX	10-3-65 6:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland BALTIMORE C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE CITY HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion)
	3409 Dunhaven Road 21222
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male White WIDOWED, DIVORCED (specify)	last birthday) Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	8/31/1920 45 STRYINI. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
MACHINIST STEEL MFGR.	PENNA DAME
CHARLES COUDOUX 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL	FILEN EDNA BYERLEY ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	T 73 3 6 3 //1
YES WWII 6023540 177216862	96 Jean Edwards Coudoux, same as #4
18. F 8/6 4 US NAVY CAL	JSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	Itiple traumatic injuries
(This does not mean the mode of dying, e.g., DUE TO heart foilure, astherio, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
II .	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes
Z 21A, EXTERNAL CAUSE WAS O UNDERLYING CONTRIB-	g., in or obout 21 C. WHERE DID (If in Boltimare City, give exact lacation)
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e., home, farm, factory, stree etc.) Road	, office bldg. NJURY OCCUR? Intersection of Belclare
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRE	Road and Dunran Road
OF INJURY 6.03	Driver in auto-auto collision
22.	Autapsy X and that on this basis, death in my opinion
resulted fram: Natural causes Accident X Sui	clde Hamiclde Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ACTURE	A.D. ASSISTANT MEDICAL EXAMINER
SIGNATURE N	ASSOCIATE MEDICAL EVANINED X
NAME (Type) PETER W. RIECKERT, M.D.	10-4-03
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER REMOVAL (Specify)	RY or CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial 10/7/65 Baltimore	National Baltimore Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OCT 7 1965 Robert E. tarbeyt	Walter Brooks Bradley, Inc., Dundalk
VS 151-REV. 1/1/65	18861

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VS 151-REV, 1/1/65



G 3 2 4 BIRTH NO. 65 10277 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 10277 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 10277

	E. CASE NO.	5.14,	MILDI	CAL LA	AMINATIVE C	LKTII ICATE OF	DLA III Register			
1. 1	NAME OF DEC	EASED				2. DATE AN	ND HOUR PRONOUNCE	ED DEAD		
() y	pe or Print)		WTT.T	ARD LEE	GATCHELL	10-4	-65		8:25	P
	LACE IN BALTI		LAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If insti B. COU	INTY	ence before of	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside	de corporote limits, write	2 7.	d give lownsh	ip)		
		STNAT H	OSPTT	AL - DO	Δ	Baltimore D. STREET ADDRESS (If ruto)	l. give location)			
		DELICE I	.001 11			4647 Park Heig		21215		
5. S	EX	S, RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under	1 Yr. If Under	
	Male	White		WIDO WED, I	DIVORCED (specify)	July 31, 1965	lost birindoy)		eeks	Min.
				108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZE	N OF	
done	e during most of w	orking lite, ever	1 if retired)			Baltimore, Md.		1	COONIKI.	
13, 1	FATHER'S NAM					14. MOTHER'S MAIDEN NAM	\E			
				H. Gat		Linda Con	rron	2000		
	WAS DECEASED				16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	-					Charles H. Gato	chell, 4647 H	Park H	leights	Ave.
	1B, 39/	12/1			CAUSE	OF DEATH			INTERVAL BET	
	DISEAS	E OR COND		ECTLY						
	(This does no	LEADING To	mode of	dying, e.g.,	(A)	Septicemia			****************	
		osthenio, etc, plicotion whic								
	AI	NTECENDEN	T CAUSE:	s		Otitia modia				
	DISEASES C	R CONDITIO	ONS, IF A	NY, GIVING	(B) DUE TO	Otitis media	•••••••••••		•••••	g
		G CONDITIO		ATING THE						
NO O					(C)					
CERTIFICATION	TO THE I		NOT REL	CONTRIBUTION ATED TO THE					» «» «»» «»»	
	19A. DATE OF			DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUS			
EDICAL	21 A. EXTERNAL UNDERLYING					in or about 21C. WHERE DID	(If in Boltimore City, give	ve exoct lo	cotion)	
ED	UTING CAUS			etc.)						
Σ	21 D TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
	(APPROX.)			m. V	WHILE AT NOT AT W	WHILE ORK				
	22,	fy that I he	ld on Ir	euiry 🗍	Inspection Aut	opsy X and that on the	nis bosis, deoth in m	v opinion		
		ed from: No			ccident Suicide		Undetermined monne			
						CHIEF MEDICAL E				
	ACTUAL		PLIBER	200 8	Fisher M.D.				DATE SIG	
	SIGNATU		0-00		M.D.	ASSOCIATE MEDICAL E			10-5-6	5
	NAME (T	ype) RI			HER, M.D.					
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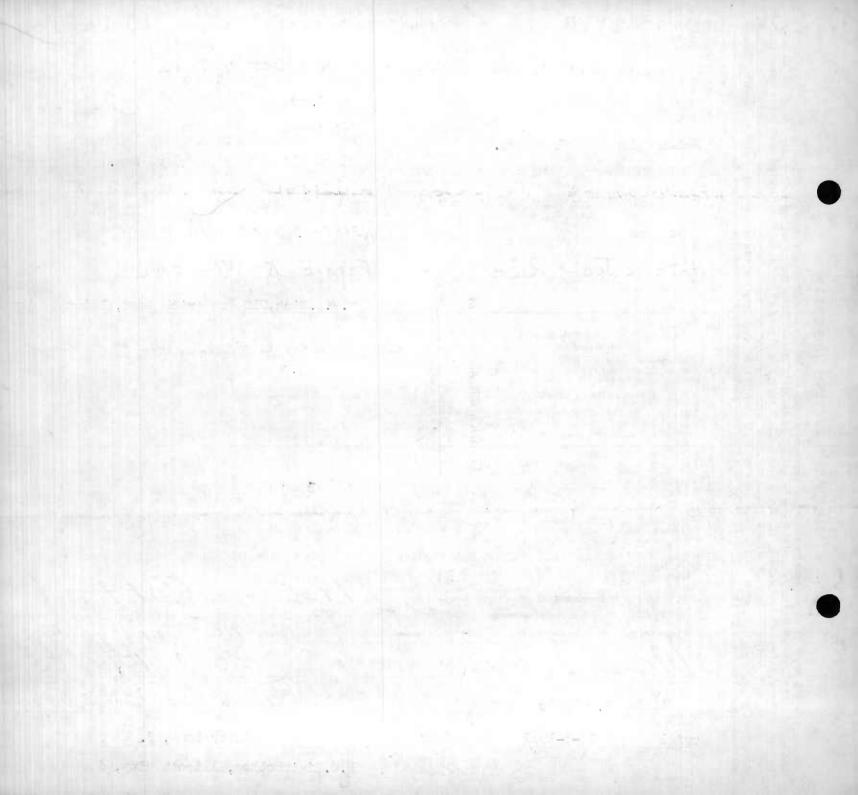
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-31		CITY HEALTH DEPARTMENT
24204	BIRTH NO. 65 10280 CERTIFIC	CATE OF DEATH Registered No. 65 10280
se th	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
of de Oecea Th. S	3. PLACE OF DEATH IN BALTIMORE MARYLAND	DONK OCT 4, 1965 M. 4. USUAL RESIDENCE (Where declared lived, 11 institution: residence before admission) A. STATE B. COUNTY
hosp use (5) I dance dea	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tocation)	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township)
use, luse, tend	INSTITUTION D. T.	Baltimore D. STREET ADDRESS (If turol, give location)
nting d cd r al	Roland View Roland Ave.	Roland View Roland Ave.
ntribu rmine egula ssed	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WHITE WIDOWED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
or con ndeters in red dece	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUS	WHAT COUNTRY?
rect o (4) Un was the c isposit	13. FATHERS NAME	REISTERSTOWN, MO.
d d d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	FANNIE K MILLER 17. INFORMANT ADDRESS
kin ded ded ina	No No	Mr.E.A.Rich,710 Frederick Road, Ellicott City
if any any ced ndar	18. 420./ I Q E CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
Also re of noun atte	LEADING TO DEATH (This does not mean the made of dying e.g. Q	oronary Occlusion - min
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medice burns physic an wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
chief a r Body the l ysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by; (2) there No ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	.g., in or obout 21 C. WHERE DID (II in Bottimore City, give exact location) t, office bldg., INJURY OCCUR?
hospi ature pt w (6) r ined	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED White At Work At W	21E. HOW DID INJURY OCCUR?
the the any n and and obta	22. I certify that (I) (this has peral) attended the deceased from	1960
of a	and hour and from the causes etated above. (1) (We) (did) (did	1965 and that in (my) (our) aplaian death accurred an the date
dent of death)	23A. SYGNATURE	23B. DATE MONED
a to the	William Helfier M.D.	Attending Phys. Director Director Phys. D
certificate moody was reless (1) An acc D.O.A. at a lassed prior to	NAME (Type)	A.D. 5006 Roland aus Balls 10,190
TODA	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	
This cer the bod shows: was D.C decease	Burial 10-6-1965 All Saints 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	Reisterstown, Md.
This the bank was decen	OCT 7 1965 Reub E. Falley M.	
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FUNERAL DIRECTOR: IMPORTANT



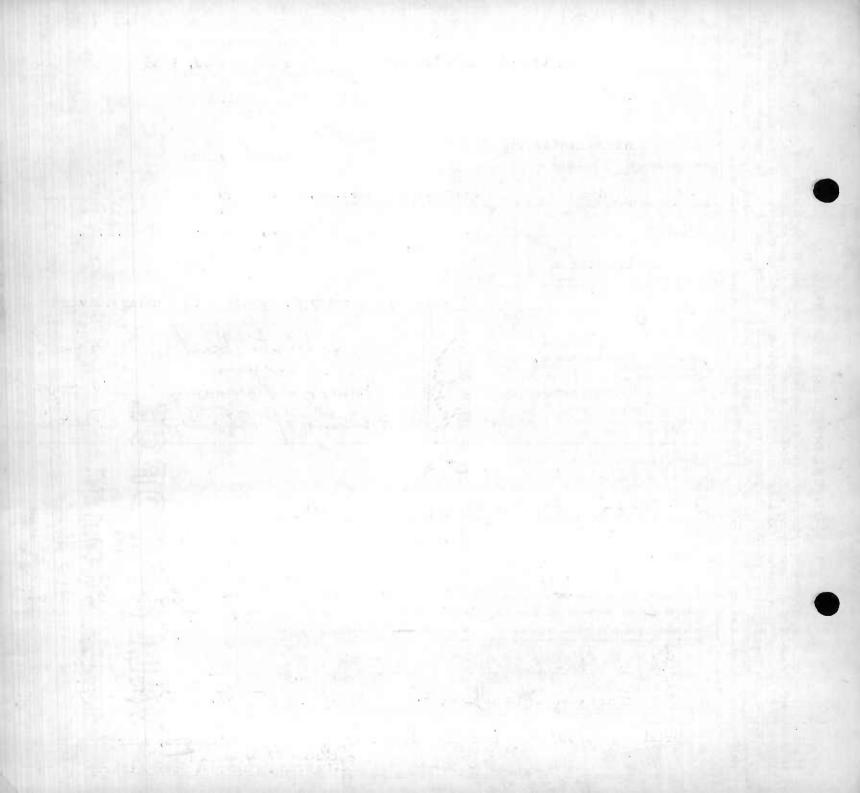
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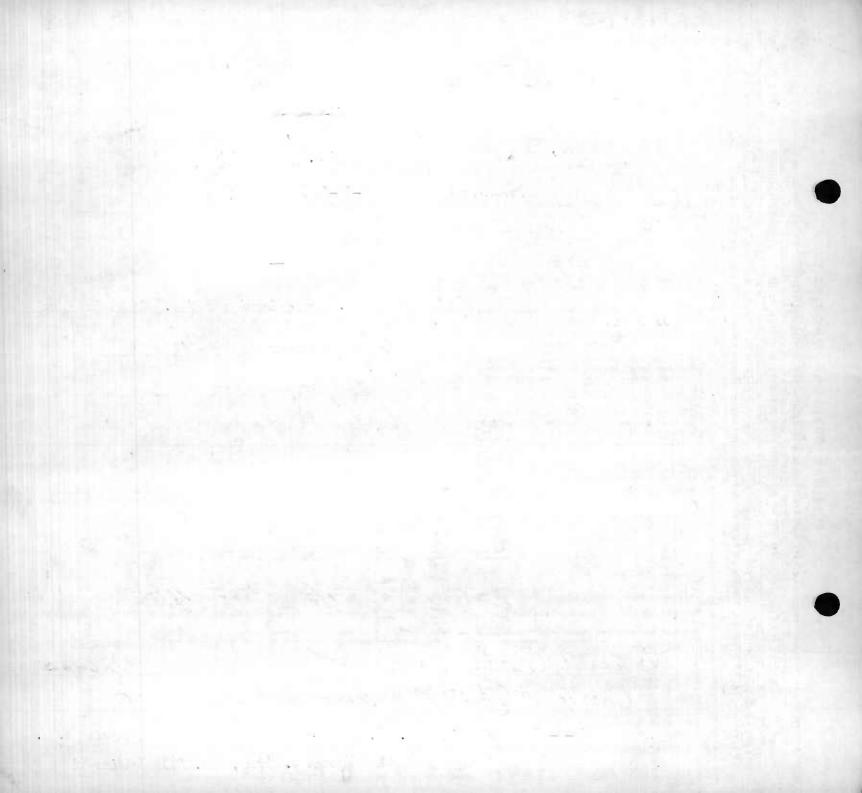
se; (5) De se; (5) De andance to deatl

BALTIMORE CITY HEALTH DEPARTMENT 65 10281 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) September 28, 1965 | 2 A. N 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE 8. COUNTY Maurice Kiracofe Stokes 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in haspital ar institution, give street Maryland Baltimor e FULL NAME OF address or lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give lacotion) Anderson Nursing Home 4500 Penhurst Avenue 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yi. Manths: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthdoy) Haurs Male White Widowed Dec. 21, 1867 IDA. USUAL OCCUPATION (Give kind of work) 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of warking life, even if retired) Printer Thurmont, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josiah Stokes Weller 15. Was Deceased Ever in U. S. Armed Forces? SECURTY NO 17. INFORMANT ADDRESS (Yes, no or unknawn) (If yes, give war ar dates of service) No 219-65-1928 Dorothy F. Stokes 4500 Penhurst Avenue CAUSE OF DEATH INTERVAL BETWEEN PROVED ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It means the disease, AP injury or complication which coused death,) CATION ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WASSPERFORMED IN CERTIFYING CAUSES OF DEATH? 110 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING L'CAUSE OF 218 PLACE OF NJURY (e.g., in ar about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimare Çity, give exact lacation) DEATH (natify medical exominer) MEDI 21 D. TIME (Year) (Hour) (Day) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Wark Wark 22. I certify that (1) (this to special) attended the deceased from... 7.L. 27that (1) (we last saw the deceased alive on... and hour and fram the causes stated obove. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Stoff The Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Lorraine Cemetery 9/30/65 Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. Ilsworth Armacost 4600 Liberty Heights

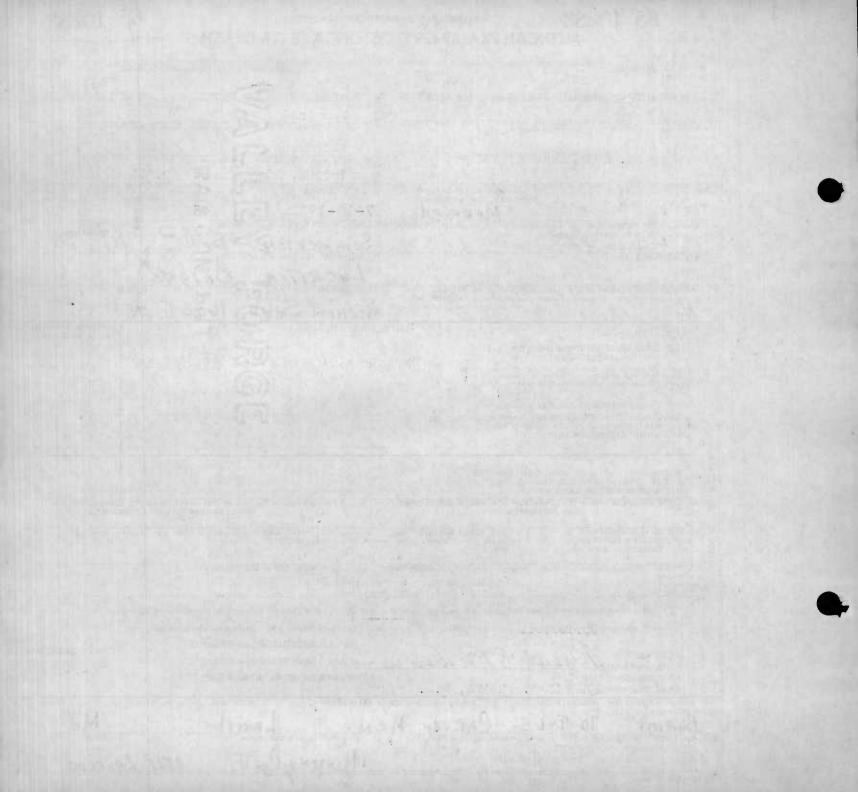


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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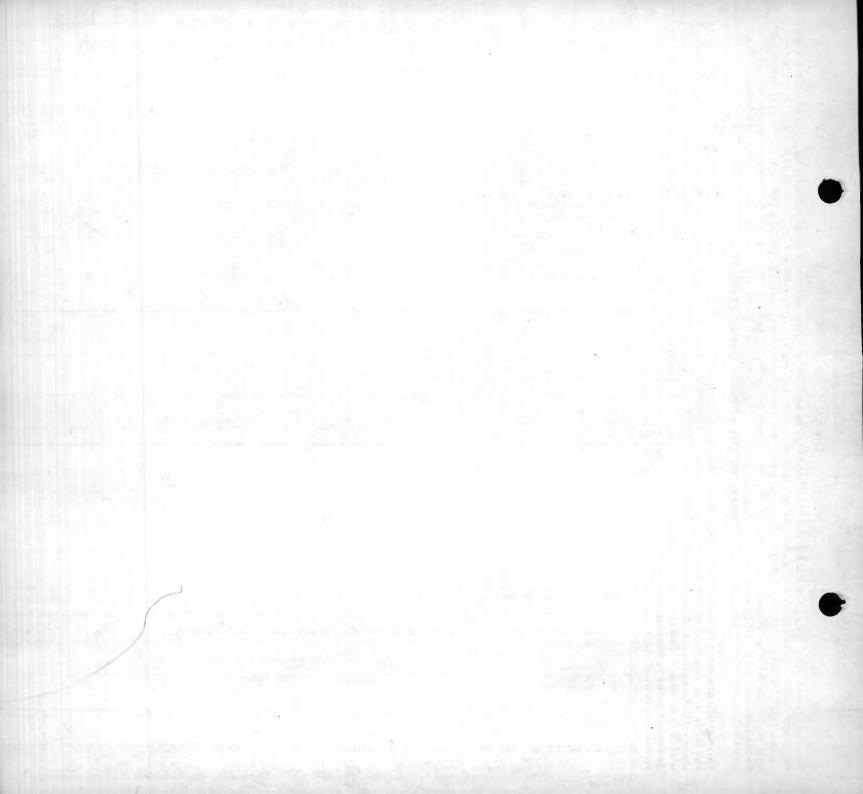
BIRTH NO.	5 10282		CERTIFICA	ATE OF DEATH		
M.E. CASE NO. 1. NAME OF DEC			1	2. DATE AN	D HOUR OF DEATH	
		hn Scull	a	Octobe	r 5, 1965	
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before odr
FULL NAME O	OF (If not in hospital	or institution.	give street	Maryland		15-13
HOSPITAL OR	oddress or location	n)		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
	2821 Nest (Cold Spr	ing Lane	Baltimore.		
	Baltimore. 1	1d			rural, give location)	
				2821 W. Cold S.	- 4	
5. SEX Male	6. RACE		NEVER MARRIED D, DIVORCED (specify)	6-18-1906	9. AGE (In years lost birthday)	Months Doys Hours
		10B, KIND O	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of	working life, even if refired)	Machin	neruj	Penna		WHAT COUNTRY!
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	ME	
	Andrew .	Sculla				
15. Was Deceased	Ever in U. S. Armed For		11 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown	(If yes, give war ar date	s of service)	SECURITY NO.			
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injury or cor	mplication which caused			// ./	-//	
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1 1	ANTECEDENT CAUSES		(B)	Typortin	sim	
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HC	LL NAME OF	ADDRESS OR LO	DCATION)	JTION, GIVE STREET	C. CITY OR TOV	/N (If outside	corporate limits, w	write RURAL of	nd give township)
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1		SI. JUSEFI	2 HOSETIA	TTI	D. STREET ADDR	E. 25th		21213	
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeo	ors If Under	1 Yr. If Under 24 Hrs.
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307		working life, even if retire	ed)		Somme	RTON.	S.C.		1. S. A
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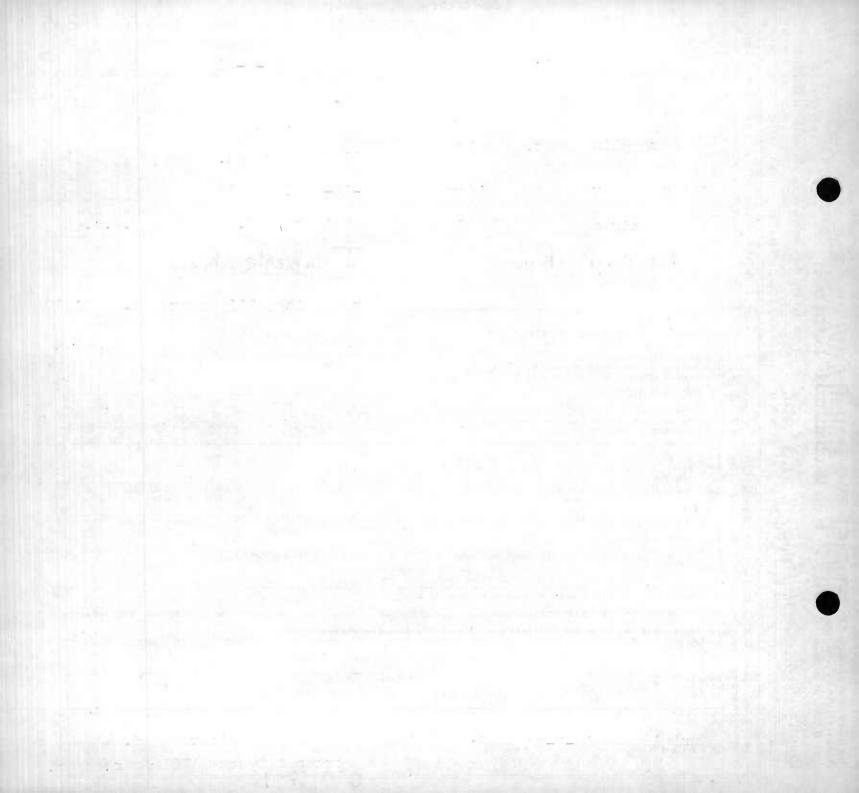


	BALTIMOR	E CITY HEALTH DEPARTMENT	200
0 5	TH NO. E CASE NO. 65 10284 CERTIF	ICATE OF DEATH Registered No. 65 102	81
1.1	NAME OF DECEASED MY ATO QUE	2. DATE AND HOUR OF DEATH	OAR
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before	e odmissian)
		A. STATE B. COUNTY	Janes .
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN, (If autsida city limits, writa RURAL and giva lawnshi	16-04
)	Cincoln memorial nursing Ho	no Baltimore, maryland	1001
D	Lincoln & Street	D. STREET ADDRESS (If rural, give location)	-
5.	SEX . 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If linder Yr. If the	nder 24 Hrs.
M	ALE Negro WIDOWED, DIVORCED (spe)	ify) ? (ast birthday) 98 Months Day's Hours	Min.
	A. USUAL OCCUPATION (GIVe kind of work 10B, KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	?
	ReTiped	U, SA,	
13.	FATHER'S NAME	14. MOTHERS MAIDEN NAME	
	UNK.	UNK.	
15. (Ye	Was Decaased Ever in U. S. Armed Farces? s, no or unknawn) (If yas, give wor or dotes of service) 16. SOCIAL SECURITY NO		
_	18. / CA	LINCOLN MEM. 27 N. CARRY &	2/,
	DISEASE OR CONDITION DIRECTLY	ONSET AND	
	LEADING TO DEATH	er minal tuenmonis y of	ays
	(This does not mean the made of dying, e.g., DUE heart failure, asthenia, etc. It means the disease,		/
	injury or complication which caused death.) ANTECEDENT CAUSES (B)	Villago sclerosis) >	*********
	DISEASES OR CONDITIONS, if any, giving	2010/10/10/10/10	
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	Die 10 / ascices	
	11	VISCOS I	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	N 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED)
ERIT	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
AL C	OR CONTRIBUTING CAUSE OF Lame, form, foctory, s	Y (e.g., in ar about 21 C. WHERE DID (If in Boltimara City, give exact lacation treet, office bldg., INJURY OCCUR?	an)
DICA		ED 21F, HOW DID INJURY OCCUR?	
MET	OF INJURY (ARREON) While At N	of While	
	22. I certify that (I) (this hospital) attended the deceased from	1 Work 2 2 106 50 0 (15	100
		and that In(my) (aur) apinion death accurred	on the date
	and hour and from the causes stated above. (1) (We) (did) (did		
	23A. SIGNATURE	23B, DATE SIGNED	
	1 Houses 1 M.	Phys. Director Phys.	
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 3 MON ON TO TSO	
24	The Market	MP. TU JIKK WUU) PY	(5)
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER	or CREMATORY 240. LOCATION (City, town, or country)	(Stote)
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAS	25C/FUNERAL DIRECTOR ADDRESS	na.
	OCT 7 1965 Relate E. Harley	MORJONAL DUSTI 1701 LAURE	
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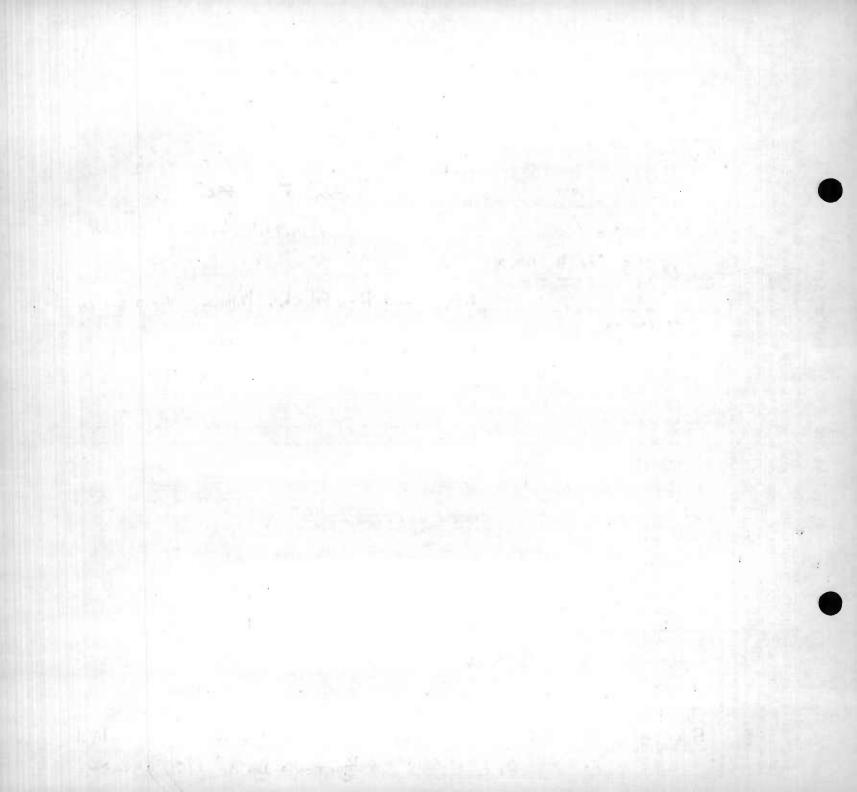
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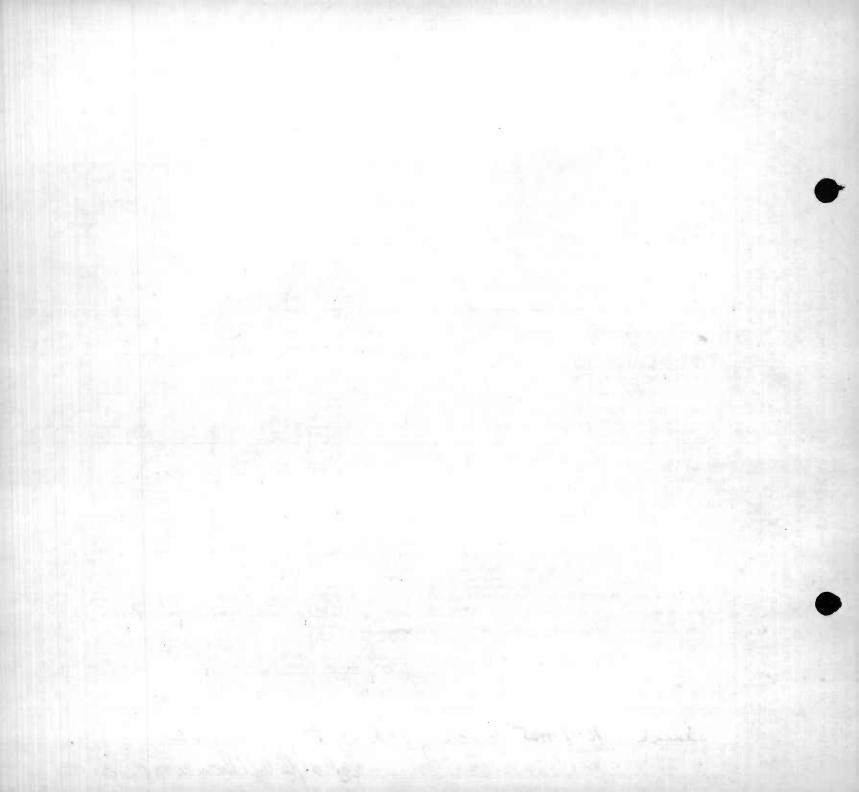
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	his certificate must be approved by the chief medical examiner. Also, if the direct or contributing cause of death he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An occident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased vas D.O.A. at a hospital (except where the physicion who pronounced death wos in regular attendance on the leceased prior to death); and (6) No physician was in regulor attendance on the deceosed prior to death. Such vritten approval must be obtained before the remains are embalmed or finol disposition is made.
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		BALTIMORE CITY	HEALTH DEPARTMENT		OF
	1 NO. 65 10286	CERTIFICA	TE OF DEATH	Registered No	65 10286
1. NA	CASE NO. IME OF DECEASED OF Print! MUCH OLL (U)	eleams	2. DATE AN	10/4/65	12:30A
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND				titution: residence before admission
	JLL NAME OF (If not in hospital or institu	tion, give street	A. STATE B. COUN A. STATE B. COUN A. STATE C. CITY OR TOWN A. OUT B. COUN A. STATE B. COUN B. COUN A. STATE B. COUN B.	land	15-05
N.	STITUTION Hookins	Hospital	Dally.	nace	URAL ond give township)
1	own wit		810 - Se	rurol, give location)	Freez Phu
5. SE		RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min
10A, L	USUAL OCCUPATION (Give kind of work 10 B. KIN		1 % BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done	during most of working life, even if retired) Nemployed		NORTH	CAroliNA	WHAT COUNTRY?
13. F	Willie William	s 7.	14. MOTHER'S MAIDEN NAI	a Ma	LAD &
S. W	as Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	. 1	ADDRESS
		217-16-8223	Mrs. Fisher	Williams 18	010 CHYNN FALLS
1	B. 44.3 X I	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A)	Subarachnoid Her	norrage	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO		D I I I I I I I I I I I I I I I I I I I	
	injury or complication which coused death.)	Hype	rtensive cardio	vascular dis	ease
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi				
1	ise to the obove couse (A) stoting				
L	UNDERLYING CONDITION last.				
ΞI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	UTING THE			
CAI	DISEASE OR CONDITION CAUSING IT. 9A.DATE OF OPERATION 198. CONDITION		20A. AUTOPSYZ (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIF	WAS PERFORMED		yes	IN CERTIFYING CAL	JSES OF DEATH?
4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
0 2	PID. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
5	OF INJURY (APPROX.)	While At Work Not While At Work			
	20 1	1	-1	10.65	1/11
-	22. I certify that (I) (this hospital) attend	70/1	6.E	19 <u>65</u> to1	074 19.65.
1	hat (I) (we) lost sow the deceased alive	on <u>LU/-</u> P	19 <u>92</u> ond th	ot in (mx) (our) opir	nion death occurred on the d
0	and hour and from the causes stated above	ve. (1) (We) (did) (did not)	view the bady after death.		
2	3A. SIGNATURE				23B. DATE SIGNED
	Homen 11. 1de	veel M.D. Att.	ending Med.	Stoff Phys.	10/4/65
2	Pac. Physician's Name (Type) Herman K. Gold		23D. ADDRESS	Hospital	
24A		IC. NAME of CEMETERY OF CR			y, town, or county) (Stole)
۰۰۰۰	REMOVAL (Specify)	1 - A .) II	y, lown, or county) (5tole)
E	34riAl 10-7-65	MT. Huburn	K	DA HO.	Md.
25A.	DATE REC'D BY HEALTH DEPT 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	1300 166	ent CITADOWNING	MORTIONA DI	1701 Pett 1701	LAURENS ST.
	50 BEV 1/1/65		0 111		





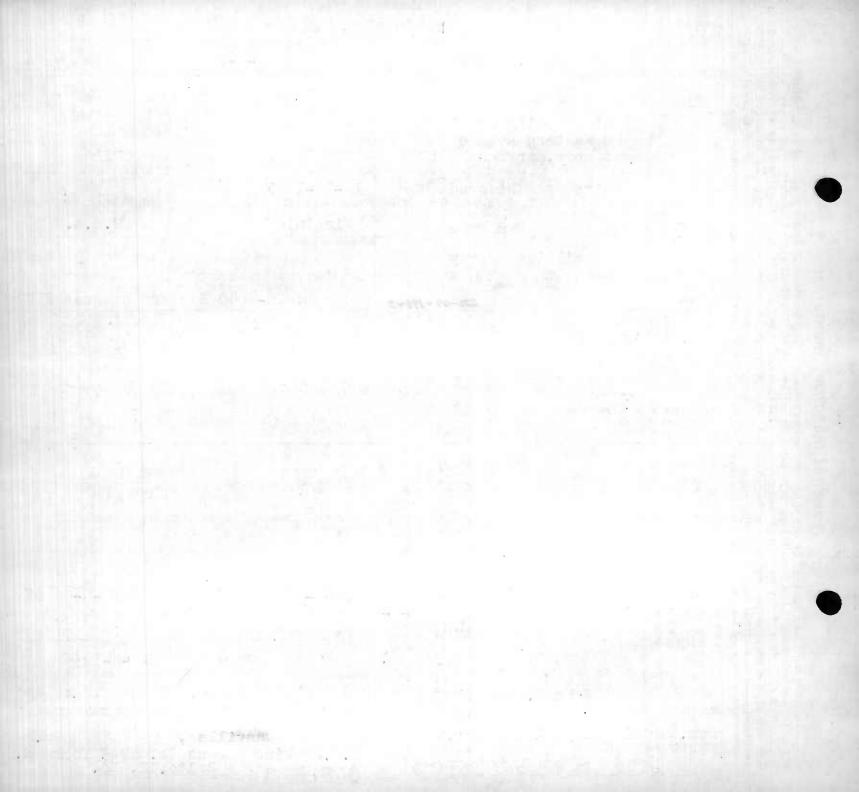
VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT		CE 40000
BIRTH NO. M.E. CASE NO. 65 10288	CERTIFICA	TE OF DEATH	Registered No	65 10288
Type or Print) Florine	(Florene Ne		HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLA			deceased lived. It insti	tution; residence before admissio
FULL NAME OF (If not in hospital or in HOSPITAL OR address or location)	stitution, give street	Maryha	nd	
INSTITUTION		C. CITY OR TOWN JUST OUTSI		KAL ond give township
LI	Co.	D. STREET ADDRESS (If ru	rol, give location)	16-00
Home - 1209 Mulberr	4 21	1209 MUL	berry ST.	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	10	AGE(Un years st birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
temple Cohored	widowed	Pel. 11, 1905	60	
OA. USUAL OCCUPATION (Give kind of work 10B. lone during most of working life, even it retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	lenneste		U.S. A.
3. FATHERS NAME		14. MOTHERS MAIDEN NAM	E	
John Hagu		ITATTIE .	JINNING	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS
No		De Lillian lo	DRArd	same
18. 175.0 1	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LLLY	1		T.0 1865
(This does not mean the mode of dyi		range pr	7-4	Jewy 10/00
heart failure, asthenia, etc. It means the injury ar camplication which caused dec				9
ANTECEDENT CAUSES	(B)	a. 0/ 000		
DISEASES OR CONDITIONS, if any,	giving	6		
rise to the abave cause (A) sta UNDERLYING CONDITION last.	ting the (C)		J	
Ш				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	TRIBUTING TO THE			
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (H	our 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not Whi		, _	
22. I certify that (I) (this hospital) at	tended the deceased from T	wly 1 19	65 10 6401	ST / 1965
that (I) (we) lost saw the deceased a	1261161	1. 17		an death occurred on the d
and hour and fram the couses stated	above. (!) (We) (did) (did not)			
23A. SIGNATURE	P.C.		12	38 DATE SIGNED
Las how	M.D. Att	ending Med. S	toff hys.	10/4/65
23C. PHYSICIAN'S NAME (Type)	19 (23D. ADDRESS		111-0
L. Dradsh	AW HIGHING M.D.			
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town or county) (State)
Burul 10-6-1465	- netalene 6	Bul B	all n	el
25A. DATE REC'D BY HEALTH DEPT. 25E	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
0017 1965 016	rest & January	An UnDeith 13	1000-100	7 Brown But

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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

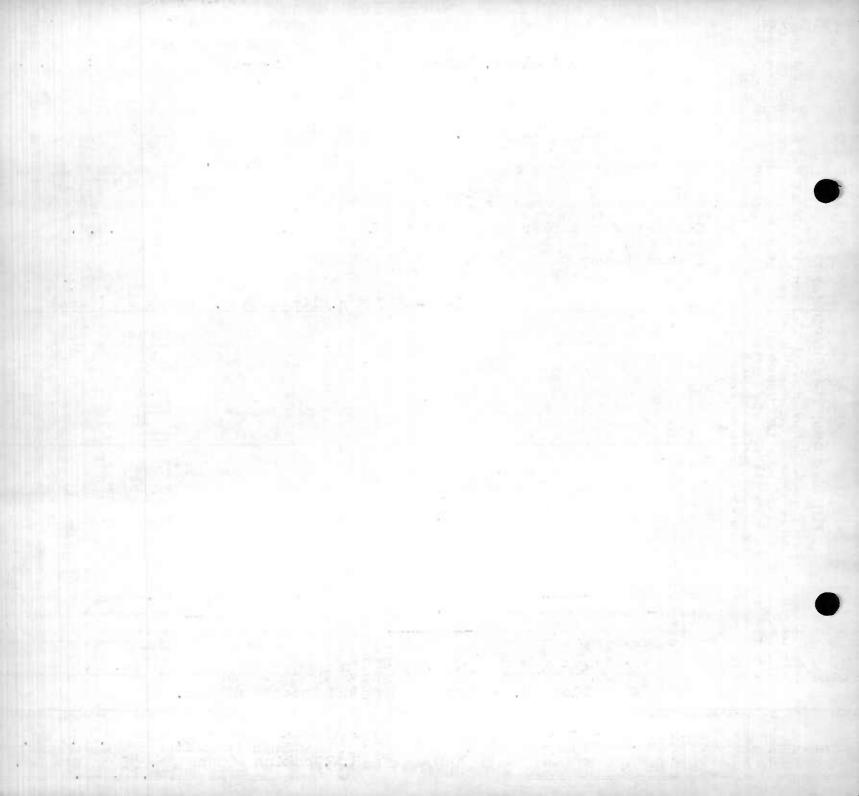
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ADDRESS

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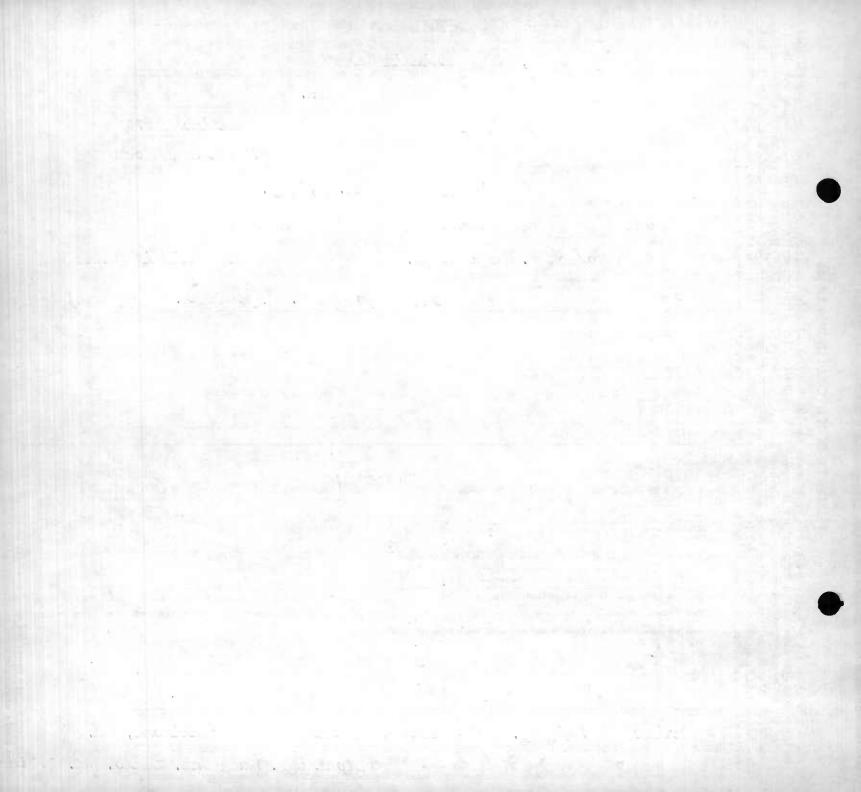
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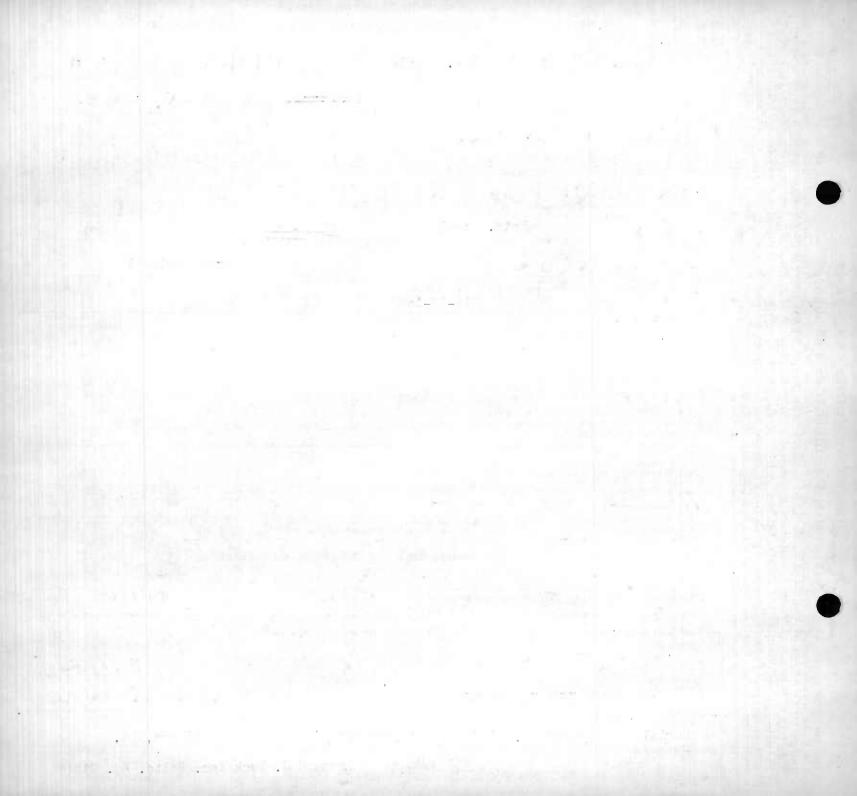
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AND THE PARTY OF T Towns & House M. Burias 14765 Mainea estro Linea Coming States Co. Low Island Co.

FUNERAL DIRECTOR:





BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

If Under 24 Hrs.

Hours

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

eath IMPORTANT FUNERAL DIRECTOR:

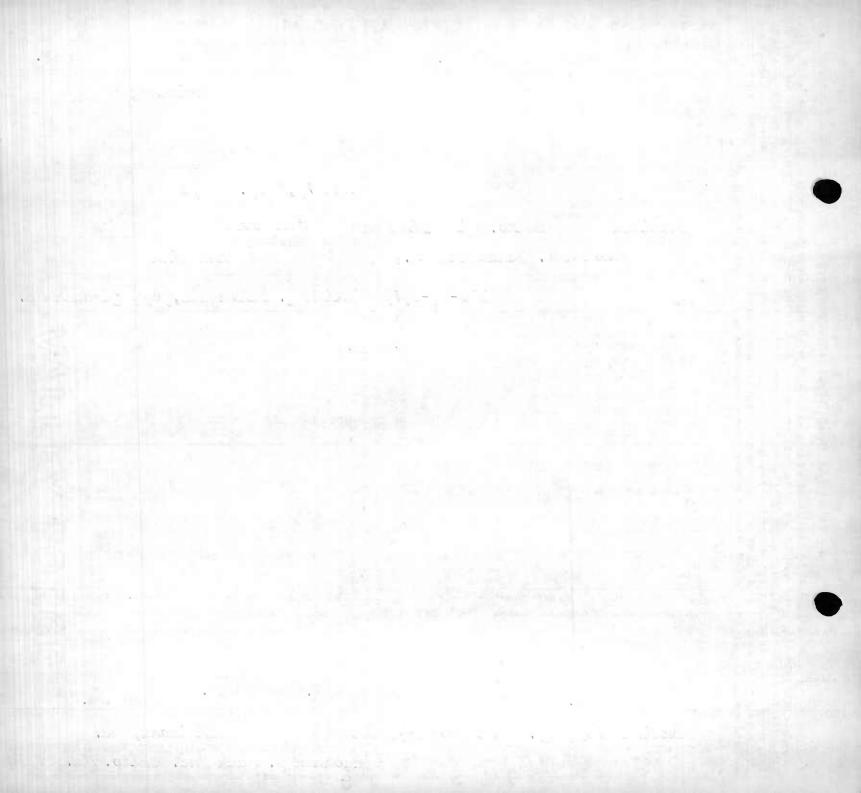
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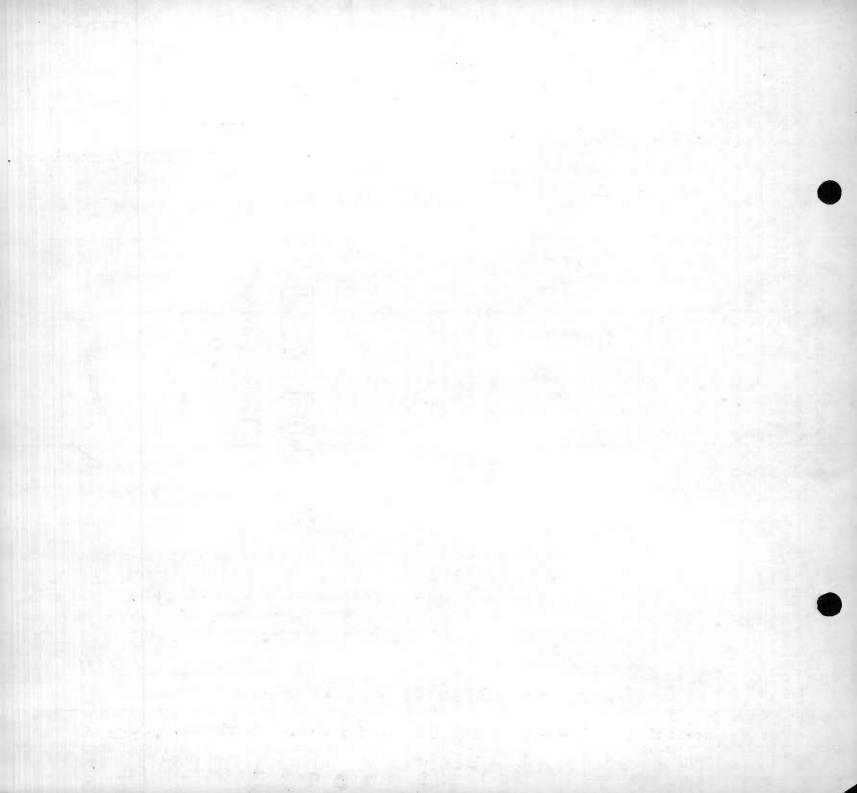
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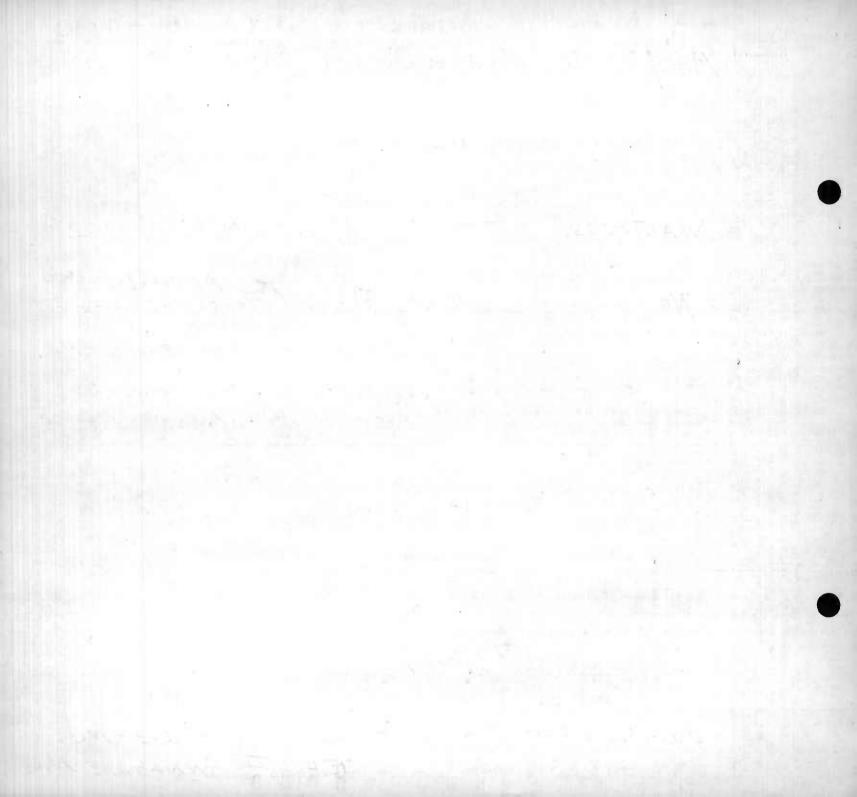
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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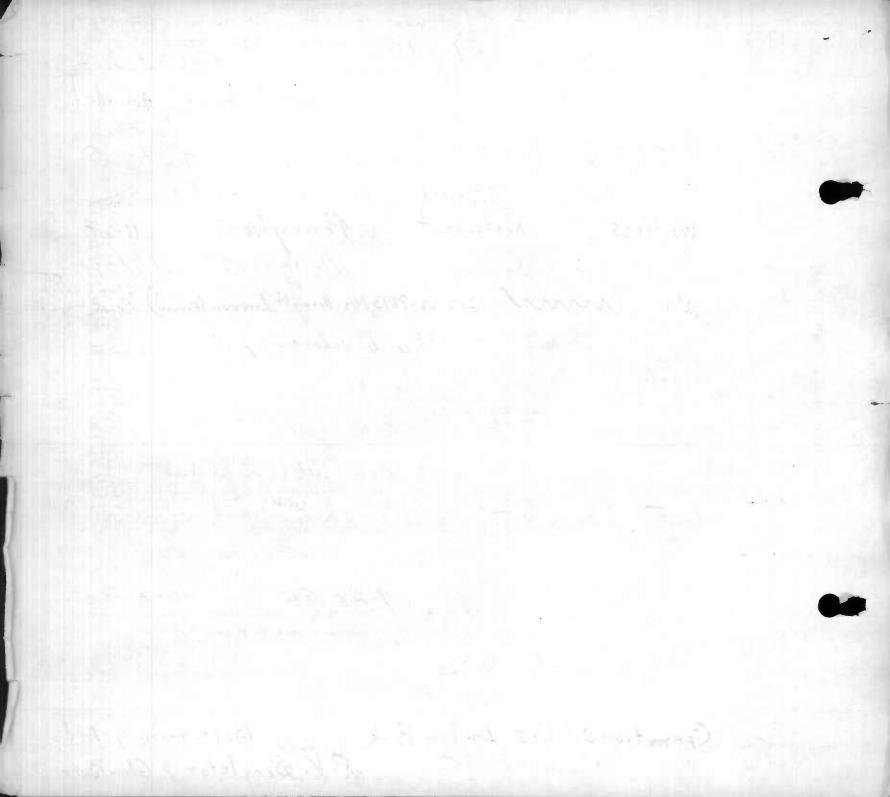
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ance (2)

BALTIMORE CITY HEALTH DEPARTMENT 10300 Registered No. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) SCHMIDT OCT 1965 ELIZABETH death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MD (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORF ST AGNES HOSPITAL DOA D. STREET ADDRESS (If rurol, give location) 3004 ALABAMA AVE. mad 5. SEX 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIPOWED ORCED (specify) Hours lost birthdox tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF disposition done during most of working tife, even if retired) WHAT COUNTRY? HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13. FATHERS NAME 50 Known 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURNY NO. ST AGNES HOSPITAL CATON & WILKENS AVE. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH OVED DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH CVA SECONDARY TO HYPERTENSION (This does not mean the made of dying, e.g., 20 heart lailure, asthenia, etc. Il means the disease, injury ar camplication which coused death.) Em ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving ON APRROVAL BYM, E rise to the above cause (A) stating the remains UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PNEUMONITIS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct focotion) MEDICAL DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hout) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While A Not White (APPROX.) At Work Work 19 60 to 22. I certify that (I) (this hospital) attended the deceased fram. 8-7-65 that (1) (we) lost saw the deceased alive on. .19... and that in(my) (our) apinion death occurred an the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238. DATE SIGNED Attending X M.D Med. Stoff OCT 1965 Phys. Director Phys. approval PHYSICIAN'S NAME (Type) 23D. ADDRESS 2436 WASHINGTON BLVD BALTO 30, MD HERBERT 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25A, DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

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- B	00	65 10301 BALTIMORE CITY HEALTH DEPARTMENT	10004
-	the et	BIRTH NO. M.E. CASE NO. Registered No. CERTIFICATE OF DEATH Registered No. CERTIFICATE OF DEATH	10301
	and eath ase ase th th	1, NAME OF DECEASED . 2. DATE AND HOUR OF DEATH	111111
	f dea eceas on t	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution	nt residence before odmission)
	9 9 9 9	A. STATE A B. COUNTY	1
		FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location) C. CITY OR TOWN (If poutside city limits, write RURAL	ond give township)
	cau cau use; tendo	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2-20
	ed in a ting cause; a attend	D. STREET ADDRESS (If rurol, give locotion)	-
		TILL CY 1105 pila 1 Box 514 Route	2 5
-		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Month	nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.
	occur ontrib ermir regul	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Stote or foreign country)	CITIZEN OF
		done during most of working life, even if retired	WHAT COUNTRY?
	direct or c (4) Undet th was in on the deci	Waitress Restaurant Pennsyllania 1	1.5.7
	if ⊕ Ct ¥ × × v ipo	C/22/2 / 2 / 111	1/2.
Z		15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL 17. INFORMANT	ADDRESS
A	the children the c		Green Haven
S.		CAUSE OF DEATH	INTERVAL BETWEEN
IMPORT	er. Also, if cture of any pronounced lar attenda	DISEASE OR CONDITION DIRECTLY 24 1	ONSET AND DEATH
Ξ	Also e of noun atte	LEADING TO DEATH & acute gulnorray inflect	20 a 20 20 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a
**	r. A	(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
o a	- E 0 3 E	injury ar camplication which caused death,) ANTECEDENT CAUSES (B) ALLA MI	
Ď	Xamicami A fr who reg	DISEASES OR CONDITIONS, if any, giving	dea
RECTOR:	9 6 6 - = 0	rise to the above cause (A) stating the (C)UNDERLYING CONDITION last,	
<u> </u>	of medical medical dy burns; (e physicial cian was i	ONDEREING CONDITION 10St.	
-		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ERAL			
Z		198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) IN CERTIFYING CAUSES (OF DEATH?
5	by a by a (2) Bo re the physic	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimare City,	
	+= 000	OR CONTRIBUTING CAUSE OF hame, foctory, street, office bldg., INJURY OCCUR?	
	d by spitc ture; t wh 6) No	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
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	the truck in the t	22. I certify that (I) (this hospital) attended the deceased from 9,27 65 19 to 10-3	65 19
	0 0	that (I) (we) lost sow the deceased alive on 10 - 3 1964 and that in (my) (our) opinion of	
	sed to	ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death.	
	ase den de		DATE SIGNED
	ele ccic	11/2 - 11/3.	10-4-65
	at a la l	23C. PHYSICIAN'S NAME (Type)	
	y way (1) Ar (2) Ar (3) Ar (4) pr	AA BURBAL CREAATION JOID DATE JOIC NAME (CREATERY CREATERY CREATER	
	ady (1)	CREMOVAL Specific O. + 1/1-1 1 D 1	vn, or county) (Stote)
	00000	25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAN 125G UNEXAL DIRECTOR) /9(10
	This of the bashow was decement	CCT 8 1965 Robert E House Control of Registrar 1250 FUNERAL DIRECTOR	1/2 B. Lania Md
		11 1. 6124	IEN JOUR MIEJELLE



BUNCH LAND THOUGHT ON TO STORES WITH A 18 BELLEIR DATEN MENIORING HOSPITAL COMPATE ROAD M CAUCHSHIM M 3/25/96 69 GAS, ELAC COMMANDE DITIES MARKETAND U.S. T. JAMES E. BLACKIS TON MARY HUBSON TANDUM TO THE STATE OF THE STAT RESPIRATORY PAREST CHRONIC FULLBOATARY RUKICULAR FIBRILLATION No.

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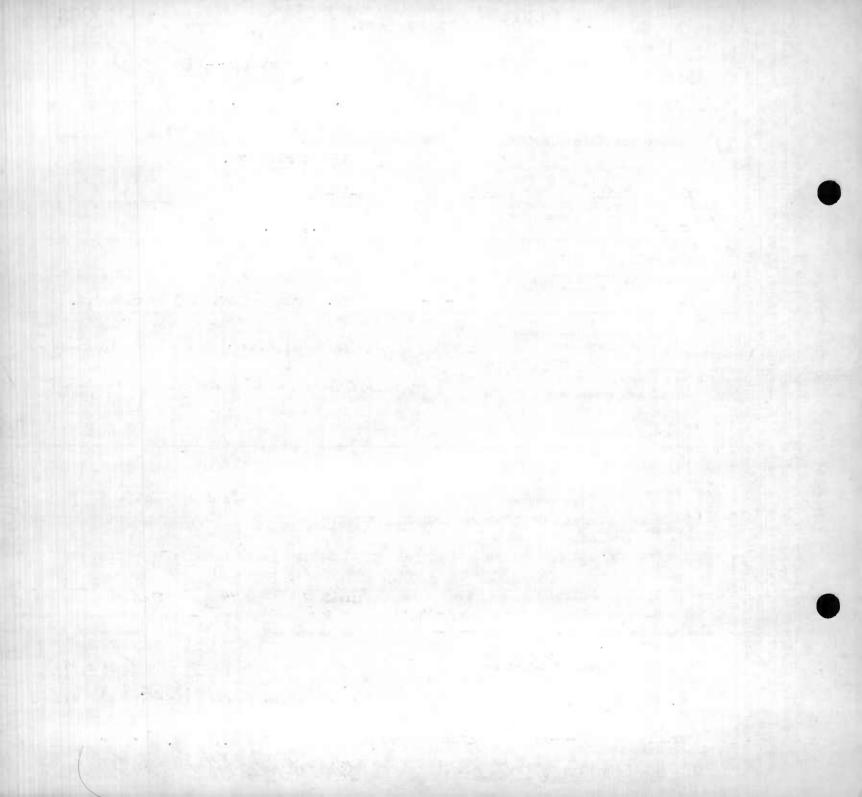
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	[LT	-		-	
부부 · › · ›	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ritten approval must be obtained before the remains are embalmed or final disposition is made.
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	65 10	2013	BALTIMORE CITY	HEALTH DEPARTMENT	1	65 10303
BIRTH NO.	00 10	000	CERTIFICA	TE OF DEATH	Registered Na.	00 .0000
N.E. CASE NO.	CEASED	-		2. DATE A	ND HOUR OF DEATH	1
Type or Print)	Jacob	Hoffma	n	Oct	ober 4-1965	1 130 P
PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (WH	ere deceased lived. Il	institution: residence before admission
				A. STATE B. COU		DOAL-
HOSPITAL OR		or institution,	give street		lto.	RURAL and give fownship)
INSTITUTION				Baltimore	Over]	and the second
/ Saint	Joseph's Hos	pital			f rurol, give location)	Lea
				203 Overlea	Ave.	# 10
- SEX	6. RACE	7. MARRIED,	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
Male	White		p, DIVORCED (specify)	6-10-91	lost birthdoy)	Months Doys Hours Min,
Sand				11, BIRTHPLACE (State or for	reign country)	12, CITIZEN OF
	of working life, even if retired)		Own	Palto Md		WHAT COUNTRY?
Farmer			OMII	Balto., Md.		USA
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		
John Ho	DIIMan			Margaret	UNKOWN	
	ed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
No	will yes, give wor or dote	2 01 Service)	214-18-1909	Mrs. Marie H	offman 203	Overlea Ave.
18.	5 7 1 1		CAUSE O			INTERVAL BETWEEN
PISC	ASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
Dist	LEADING TO DEATH	CCILI	71,000	or clearly In war	Lever	30 manules
	not mean the mode of		DUE TO	serclied Infance		
	e, osthenio, etc. It means emplication which caused			2 = 11	15.0	
	ANTECEDENT CAUSES		(B) Western	billurale Mus	w besen	10 gaves
DISEASES	OR CONDITIONS, if	ony giving	DUE TO		rie .	
	he above couse (A)					
UNDERLYIN	NG CONDITION last.					
7	11	Maria .				
OTHER SIGN TO THE DISEASE OF	NIFICANT CONDITIONS C DEATH BUT NOT RELA	ONTRIBUTIN	G IE			
	R CONDITION CAUSING I	Τ.		120A ALLEGRAVA (V	Vall 200 IE vee week	FINDINGS CONSIDERS
19A. DATE C	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or)		E FINDINGS CONSIDERED AUSES OF DEATH?
ZIA. ACCID	ENT WAS UNDERLYING	1 210	PIACE OF INITIANA	or about 21C WHERE DID	(15 := 0=15	ore City give exect loc-fo-1
, OR CONTRI	BUTING CAUSE OF	hon	ne, lorm, factory, street, of	fice bldg., INJURY OCCUR?	ur in Boltime	ore City, give exact location)
U	ly medical examiner)	etc.	.,			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wi	nile At Not While	e		
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) lost saw the decease		——————————————————————————————————————			olnion death accurred an the d
		ed abave. (1) (We) (did) (did not) v	iew the body after death	•	
23A. SIGNAT	0	1 .			0. 4	23 B. DATE SIGNED
	allun go	wes.	M.D. After	ending Med. Director	Stoff Phys.	Oct 6,1965
23C. PHYSICI	IAN'S			23D. ADDRESS	1 . 1	T 1 0
ADA	4 6. Sulis	2	M.D.	6232 Belun	Crack 12	ello, wel. 21206
	REMATION, 248. DATE	24C, N	AME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
REMOVAL	(Specily)					
Burial			arkwood Cemete	ery B	alto., Md.	
DA. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	1 11/1 20-	ADDRESS PI
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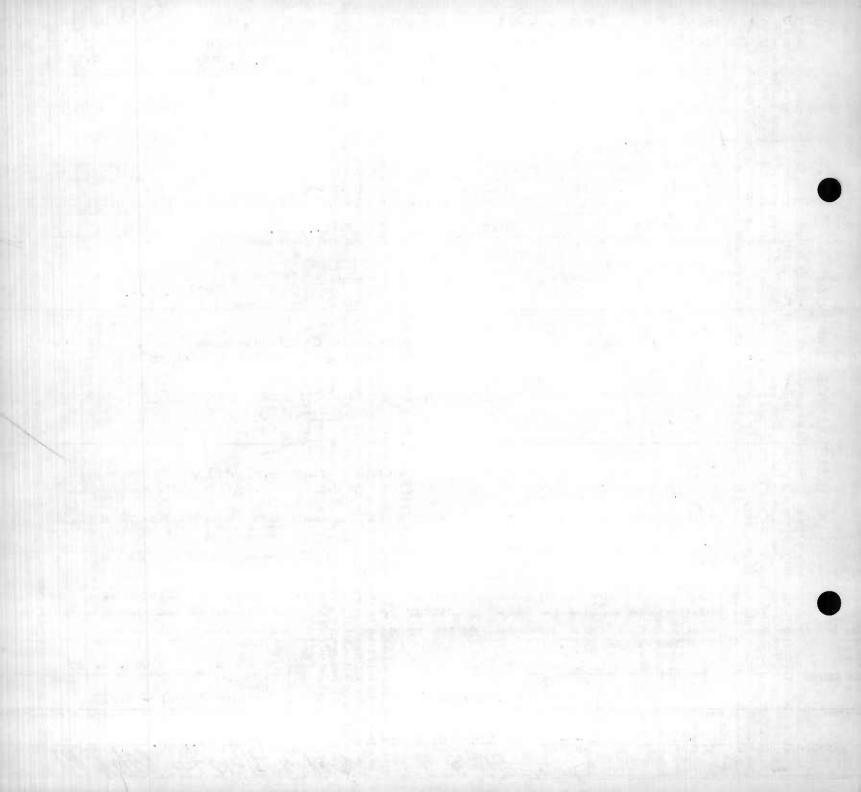
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LE CASE NO	0.	5 10	OO E	CERTIFICA	TE OF DEATH			
ype or Print)		TO A CT	PERSONAL PROPERTY	TOTTON		AND HOUR OF DEATH	4	0.30
PLACE OF	DEATH IN BALTIM		EMAN,	LOUISE	UC	t. 5,1965	in etitutions see	2:19
					A, STATE B, CO	UNTY	1	a I
FULL NAM	AE OF (If not in	n hospital or i	institution,	give streef	Maryland		7-6	01
INSTITUTIO	N	0, 1000110111				outside city limits, write	RURAL ond	give township)
1	St.Josep	h Hosp	ital		Baltimore D. STREET ADDRESS	(If rurol, give location)		
					5837 Belair Road			
SEX	6. RACE	7.		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	It Under	Yr. , If Under
Female	Whit	e	Wido	o, DIVORCED (specify)	10-18-80	lost birthdoy)	Months	Doys Hours
				BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or f		12. CITI	
one during mo: Housew	st of working life, even Vi.fe	if retired)	Home		Dalto Md			AT COUNTRY?
3. FATHER'S			Houte		Balto., Md.		USA	
T	3023				TIATELYANDA			
Justu Was Dece	ased Ever in U. S.	Armed Forces	s?	1 6. SOCIAL	UNKNOWN			ADDRESS
es, no or unkn	nown) (If yes, give w	vor or dotes o	of service)	SECURITY NO.		Butler	. N.J.	
No						teman lol Fo	x Ledg	e Rd
(This doe heart lailt injury ar	SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT	DEATH made of dy It means th h caused de CAUSES	ying, e.g., ie disease, eath.)	CAUSE O COPOLOGE P (B) DUE TO	onary Heart dis probable myocar	ease with dial infarct		INTERVAL BETWE
(This doe heart laid injury ar DISEASES rise to UNDERLY	SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT S OR CONDITIO the abave cau YING CONDITION	DEATH made ol dy It means th h caused de CAUSES NS, il any use (A) st l last.	ying, e.g., le disease, eath.) y, giving tating the	(B) DUE TO	nary Heart dis	ease with dial infarct		
(This doe heart laid injury ar DISEASES rise to UNDERLY	SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT S OR CONDITIO the abave cat YING CONDITION IGNIFICANT CONDE DEATH BUT N	DEATH made ol dy It means th h caused de CAUSES VNS, il any use (A) st l last. DITIONS CON	ying, e.g., le disease, eath.) y, giving tating the	(B) DUE TO (C)	nary Heart dis	dial infarct		
OTHER SITO THE	SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT S OR CONDITIO the abave car YING CONDITION IGNIFICANT CONDE DEATH BUT NO OR CONDITION E OF OPERATION	DEATH made ol dy It means th h caused de CAUSES INS, il any use (A) st l last. DITIONS CON NOT RELATE AUSING IT.	ying, e.g., le disease, eath.) y, giving tating the NTRIBUTING TO TH	(B) DUE TO (C)	mary Heart dis Probable myocar	dial infarct	ion	CONSIDERED
DISEASES TISE TO THE DISEASE TO THE	SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT S OR CONDITIO the abave car YING CONDITION IGNIFICANT CONDE DEATH BUT NO OR CONDITION E OF OPERATION	DEATH made ol dy It means th h caused de CAUSES INS, il any use (A) st l last. DITIONS CON NOT RELATE AUSING IT. 1988. CONDITI WAS PERFOR	ying, e.g., le disease, eath.) y, giving tating the NTRIBUTING ED TO TH TION FOR V RMED	(A) Coro (A) Coro (B) (B) (DUE TO (C) (C) (C) GE IMPE WHICH OPERATION PLACE OF INJURY (e.g., if form, foctory, sireet, of five form, sireet, of form, foctory, sireet, of fo	onary Heart dis Probable myocar Ending gangrene	right leg	ion	CONSIDERED
OTHER SITO THE DISEASE TO THE SITO THE	SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT S OR CONDITION the above car YING CONDITION IGNIFICANT CONDI E DEATH BUT N OR CONDITION C E OF OPERATION CIDENT WAS UNDE RIBUTING CAN TOTAL CIDENT WAS UNDE	DEATH made of dy It means th h caused de CAUSES INS, if any use (A) st l tast. DITIONS CON NOT RELATE AUSING IT. 198. CONDIT WAS PERFOR	ying, e.g., ne disease, eath.) y, giving tating the NTRIBUTING TO TH TION FOR V RMED 218, hom etc.	(A) Coro (A) Coro (B) (B) (DUE TO (C) (C) (C) GE IMPE WHICH OPERATION PLACE OF INJURY (e.g., if form, foctory, sireet, of five form, sireet, of form, foctory, sireet, of fo	ending gangrene	right leg	ion	CONSIDERED DE ATH?
DISEASES OTHER SI TO THE DISEASE 10 OTHER SI TO THE DISEASE 19A. DATE 21A. ACCOR CONT DEATH (n	SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT S OR CONDITION the abave cat YING CONDITION IGNIFICANT CONDI EDEATH BUT NO OR CONDITION CE OF OPERATION CIDENT WAS UNDE TRIBUTING CAUSE CRIBUTING CAUSE CHONIA (Do) Y	DEATH made of dy It means th h caused de CAUSES INS, if any use (A) st l tast. DITIONS CON NOT RELATE AUSING IT. 198. CONDIT WAS PERFOR	ying, e.g., le disease, eath.) y, giving tating the NTRIBUTING ED TO TH TION FOR N RMED 218, hom etc.; (Hour) 21E.	(A) COPO (A) COPO (B) (B) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ending gangrene 20A. AUTOPSY? (Yes or none) in or obout 21C. WHERE DID 18/16ce bldg INJURY OCCUR?	right leg	ion	CONSIDERED DEATH? e exact location)
OTHER SI TO THE DISEASE 19 A. DATE OF CONT DEATH (n CAPPROX.)	SEASE OR CONDI LEADING TO so nal mean the ure, asthenia, etc. camplication whic camplication whic ANTECEDENT SOR CONDITION the abave can YING CONDITION II IGNIFICANT CONDI E DEATH BUT NO OR CONDITION E OF OPERATION CIDENT WAS UNDE TRIBUTING CAUS notify medical examine (Month) (Doy IV)	DEATH made of dy It means th h caused de CAUSES INS, if any use (A) st i last. DITIONS CON NOT RELATE AUSING IT. 1798. CONDIT WAS PERFOR ERLYING ERLYIN	ying, e.g., ne disease, eath.) y, giving tating the NTRIBUTING D TO TH TION FOR A RMED 218, hom etc.; (Hour) 21E, Whi	(A) COPO (A) COPO (B) (B) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ending gangrene 20A. AUTOPSY? (Yes or none) in or obout 21C. WHERE DID 18/16ce bldg INJURY OCCUR?	right leg No 208. IF YES, WERE IN CERTIFYING C.	ion	CONSIDERED DEATH? e exact location)
OTHER SI TO THE DISEASE 19A. DATE OF CONT DEATH (n (APPROX.) 22. I cert	SEASE OR CONDILEADING TO SEASE OR CONDILEADING TO SEASE OR CONDITION OR C	DEATH made of dy It means th h caused de CAUSES INS, if any use (A) st i last. DITIONS CON NOT RELATE AUSING IT. 1798. CONDIT WAS PERFOR ERLYING ERLYING ERLYING TO THE CONDIT WAS PERFOR THE CONDIT WAS PERFOR THE CONDIT THE C	ying, e.g., ne disease, eath.) y, giving tating the NTRIBUTING D TO TH TION FOR A RMED 218, hom etc.; (Hour) 21E, Whi Wo	(A) COPO (A) COPO (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	anding gangrene 20A. AUTOPSY? (Yes or none in or obout 21C. WHERE DID office bldg INJURY OCCUR?	right leg No 208. IF YES, WERE IN CERTIFYING C. (II in Bolfimo	ion Findings Auses of to	CONSIDERED DEATH? e exact location)
DISEASES TISE IN UNDERLY OTHER SIST TO THE DISEASE TIPA. DATE OF INJUR (APPROX.) 22. I certitud (1) (SEASE OR CONDILEADING TO as nal mean the ure, asthenia, etc. camplication whice ANTECEDENT SOR CONDITION the abave catyling CONDITION CONDITION CONDITION CE OF OPERATION CIDENT WAS UNDEFIRIBUTING CAUSTONIS (Month) (Dogs.) (Month) (Dogs.) Tify that (I) (this we) last saw the	DEATH made of dy It means th h caused de CAUSES INS, if any use (A) st i last. DITIONS CON NOT RELATE AUSING IT. 1798. CONDIT WAS PERFOR RELYING RELYING RELYING TO Year) (deceased	ying, e.g., the disease, eath.) y, giving taking the NTRIBUTING ED TO TH TION FOR N RMED 218, hom etc.; (Hour) 21E, Whi attended the	COPO (A) (B) DUE TO (C) GE IMPE WHICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, o INJURY OCCURRED ile At Not While he deceased from	mary Heart disprobable myocard min or obout 21C. WHERE DID in or obout 21C. WHERE DID in or obout 21F. How DID in the Did in or obout 21F. How DID in the Did in or obout 21F. How DID in the Did in or obout 21F. How DID in the Did in or obout 21F. How DID in the Did in or obout 21F. How DID in the	right leg No) 208. IF YES, WERE IN CERTIFYING C. (II in Bolfimo	ion Findings Auses of to	CONSIDERED DEATH? e exact location)
DISEASES TISE IN UNDERLY OTHER SIST TO THE DISEASE TIPA. DATE OF INJUR (APPROX.) 22. I certitud (1) (SEASE OR CONDI LEADING TO es nal mean the ure, asthenia, etc. camplication whic ANTECEDENT S OR CONDITION the abave can YING CONDITION IGNIFICANT CONDI E DEATH BUT NOR CONDITION CONDITION CIDENT WAS UNDE CRIBUTING CAUS CONDITION CIDENT WAS UNDE CRIBUTING CAUS CONDITION CONDIT	DEATH made of dy It means th h caused de CAUSES INS, if any use (A) st i last. DITIONS CON NOT RELATE AUSING IT. 1798. CONDIT WAS PERFOR RELYING RELYING RELYING TO Year) (deceased	ying, e.g., the disease, eath.) y, giving taking the NTRIBUTING ED TO TH TION FOR N RMED 218, hom etc.; (Hour) 21E, Whi attended the	COPO (A) (B) DUE TO (C) GE IMPE WHICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, o INJURY OCCURRED ile At Not While he deceased from	anding gangrene 20A. AUTOPSY? (Yes or none in or obout 21C. WHERE DID office bldg INJURY OCCUR?	right leg No) 208. IF YES, WERE IN CERTIFYING C. (II in Bolfimo	ion Findings Auses of to	CONSIDERED DEATH? e exact location)
DISEASES TISE TO THE DISEASE TO THE	SEASE OR CONDILEADING TO SEASE OR CONDILEADING TO SEASE OR CONDITION OR CONDITION CONDIT	DEATH made of dy It means th h caused de CAUSES INS, if any use (A) st i last. DITIONS CON NOT RELATE AUSING IT. 1798. CONDIT WAS PERFOR RELYING RELYING RELYING TO Year) (deceased	ying, e.g., the disease, eath.) y, giving taking the NTRIBUTING ED TO TH TION FOR N RMED 218, hom etc.; (Hour) 21E, Whi attended the	COPO CALCE OF IMPE WHICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, o INJURY OCCURRED INJURY OCCURRED IN At Work At Work October 5,) Wee) (did) (didocor)	ending gangrene 20A. AUTOPSY? (Yes or none in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID I	right leg No) 208. IF YES, WERE IN CERTIFYING C. (II in Bolfimo	FINDINGS AUSES OF I	CONSIDERED DEATH? e exact location)

written a

VS 150-REV. 1/1/65

Burial 10-8-65 25A. DATE REC'D BY HEALTH DEPT. Union Chapel
25B. NAME OF REGISTRAR 1965

UNERAL DIRECTOR

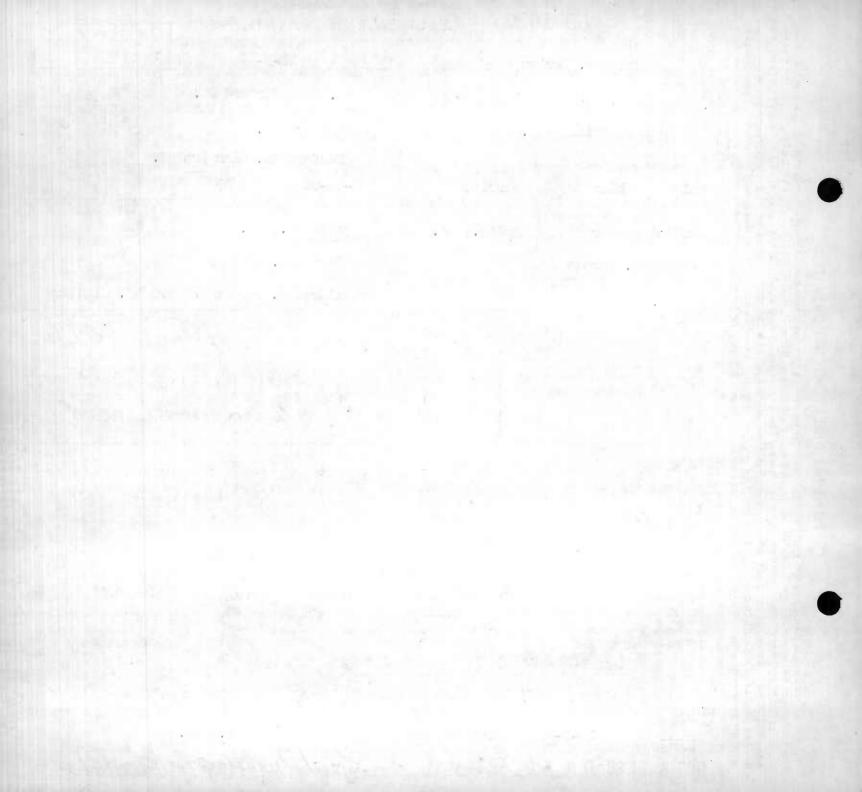


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

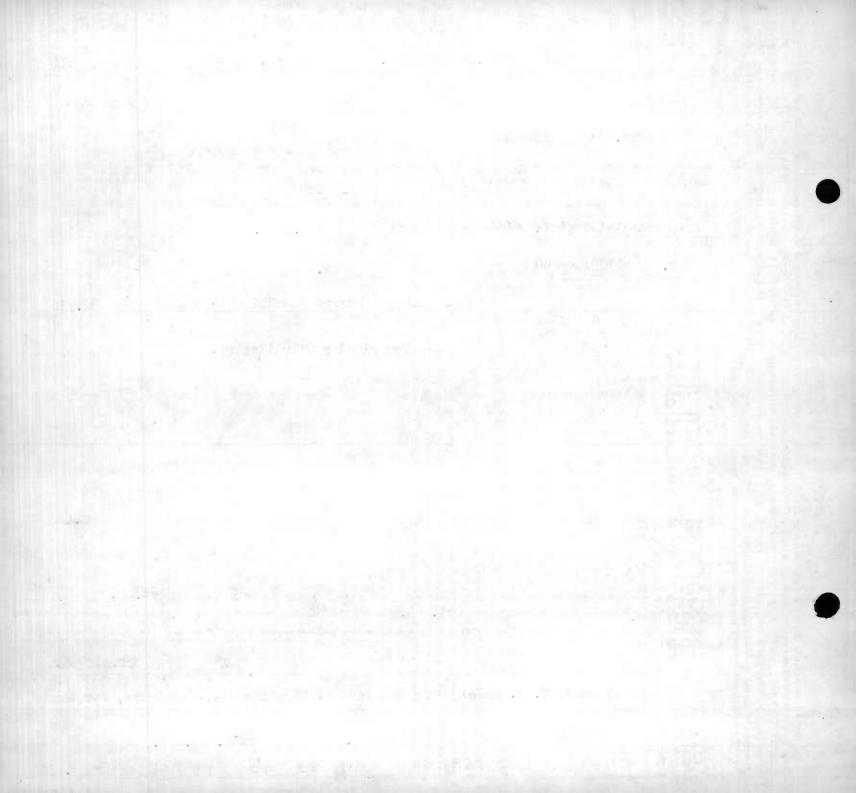
VS 150-REV. 1/1/65

(If outside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 2. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mildred E. Burton Harford Rd. Glen Arm INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City ave exact location) ond that In (my) (our) opinion deoth occurred on the date 23B. DATE SIGNED (City, town, or county) (State)

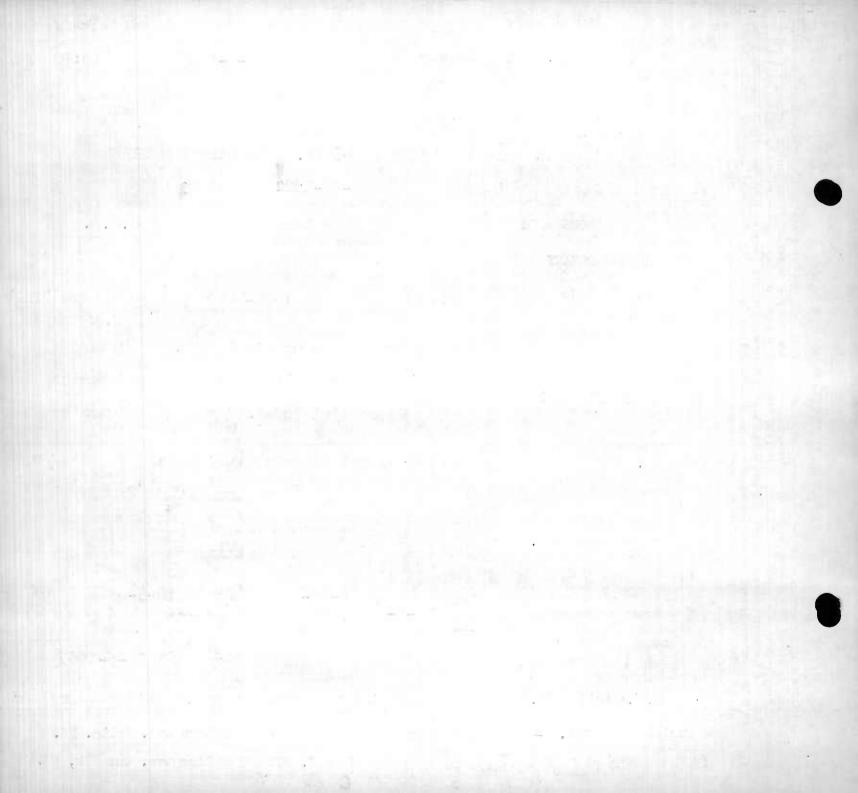


a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO.	65 103	06	CERTIFICA	TE OF DEATH	Registered No.	65 10306
M.E. CASE NO.				2. DATE AN	D HOUR OF DEATH	
Type or Print)	GOHL	INGHORS	ST, GEORGE E.		4,1965	6:10 A
PLACE OF D	EATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission
P					(1)	Date
HOSPITAL OR		ir institution,	give street	Maryland	tside city limits write	RUPAL and give township)
INSTITUTION				Baltimore,	212	
	St. Joseph Hos	St.Joseph Hospital			rurol, give lacation)	.50
				217 Leslie A	venue	
- SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys. If Under 24 Hi Months Doys Hours Min,
Male	White		D, DIVORCED (specify)	3-10-90	lost birthday) 75	Months Doys Hours Min,
DA. USUAL OC	CUPATION (Give kind of work			11. BIRTHPLACE (State or fore		12. CITIZEN OF
one during most o	of working life, even if retired)					WHAT COUNTRY?
	tor:Metal Dept	. Crown	Cork & Seal	Balto., Md.		
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME	
Unk.	Gohlinghors	t		Unk.		
. Wes Decess	ed Ever in U. S. Armed Ferd	es?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	viniti yes, give war ar doles	of servicer		Coomes W Calala		
NO 18 #	4		213- 10-1008	George M COUTI	ngnorst 462	7 Ridge Rd. 36
1	33./		CAUSE O	DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION DIR	ECTLY	**			
(This does	nal mean the made of	dying, e.g.,	(A) Vent	ricular fibrilla	ition.	
heart lailure	, asthenia, etc. It means implication which caused	the disease,				
injury or co		dedm./	(B)			
	ANTECEDENT CAUSES		DUE TO			
	OR CONDITIONS, if a he above cause (A)		.0			
	IG CONDITION last.	stolling line	(C)			0 (+ h-m)
	11					
OTHER SIGN	VIFICANT CONDITIONS CO					
DISEASE OF	DEATH BUT NOT RELATE CONDITION CAUSING IT		1E			
19A. DATE C	OF OPERATION 198 CONE		WHICH OPERATION	20A. AUTOPSY? (Yes at No	ON LOUR THE	FINDINGS CONSIDERED
19A. DATE C	WAS PERF			No	IN CERMPTING CA	COSES OF DEATH!
OR CONTRIC	ENT WAS UNDERLYING DEUTING CAUSE OF	218	L PLACE OF INJURY (e.g., in	n ar obout 21 C. WHERE DID	(If in Baltima)	re City, give exact location)
DEATH (notif	fy medical exominer	etc.) roim, rociory, sireet, of	ince sings, INJURI OCCUR!		
21 D. TIME	(Manth) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY			nile At Not Whil			
(APPROX.)		Wo	ork			42
22. 1 certif	y that (1) (this hospital)	ottended t	he deceosed from	ept. 30,	1965 to	Oct. 4, 19 05
that (1) (we) last sow the deceased	alive on	Oct. 4.	19 65 ond th	ot in (my) (our) op	Inion death occurred on the de
and hour or	nd from the couses state	ed obove. (I) (We) (did) (did not) y	iew the body ofter death.		
23A. SIGNAT		1				23B. DATE SIGNED
10	1.1.	ml.	M.D. Atte	ending Med.	Staff 1977	Oct.4,1965.
226 8114	Mione y. 8	·VIhr	Phy	s. Director	Staff Phys.	000.4,1707.
23C.PHYSICS	Type) Alabaman	C Di		23 D. ADDRESS	0	
	Alphonso Y.	. S. Rh	M.D.	1400 N. Carolin	e St., Balt	imore, Maryland
4A. BURIAL CR	EMATION, 24B. DATE	24C, N	AME of CEMETERY of CRE	MATORY 24D. L	OCATION (C	ily, town, or county) (State)
Burial	IO/6/65	Gas	rden Of Faith	Com		
SA-PATE REC'			rden Of Faith	Cem. B.	alto. Co. M	ADDRESS
UCT 8	1965 P. O. P.		Dev HA O	O TO- A A I	3 . 1	07 0 7 1 0 7 4
	Violen	10,30	200	Lassann Fune	Pal Home 74	OI Belair Rd. 36

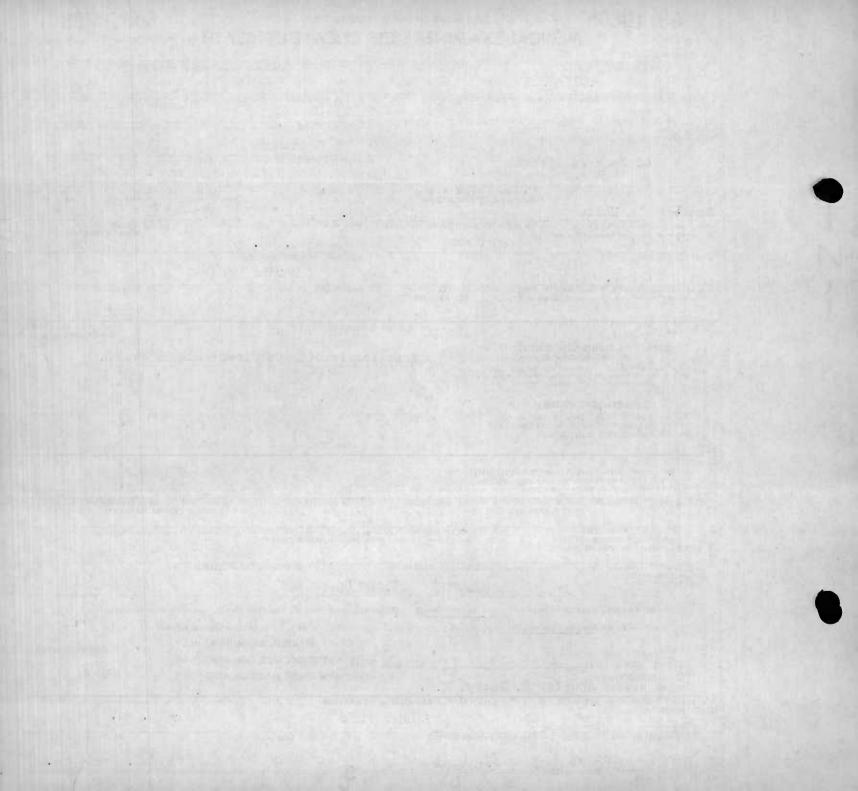


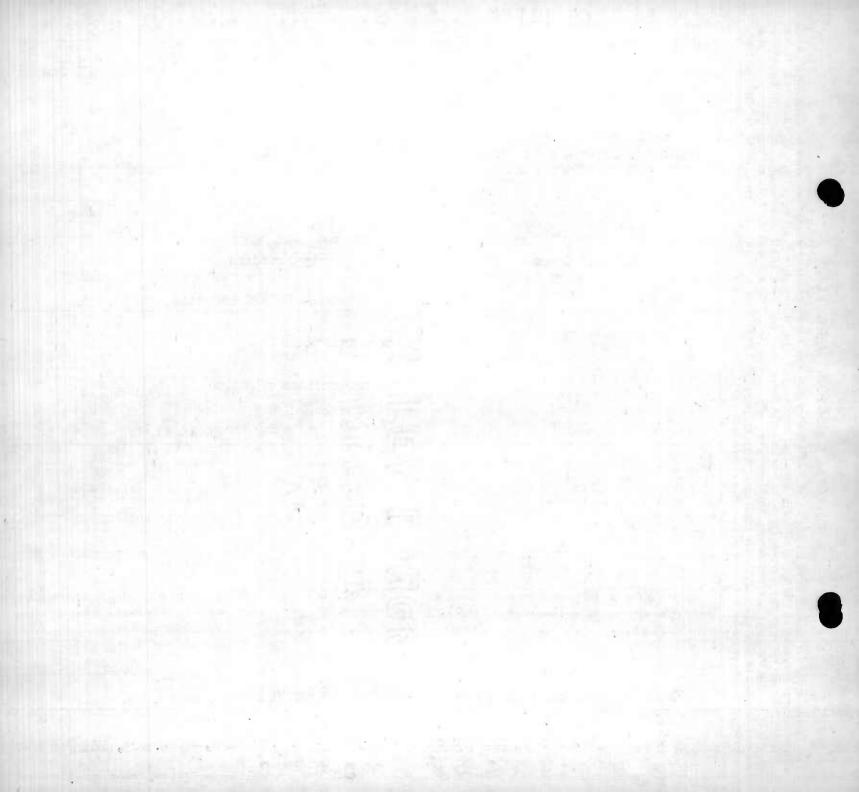
8- 1 8 BIRTH NO.	65 10307		ATE OF DEATH	Registered No.	65 10307
M.E. CASE NO. 1, NAME OF DE (Type or Print) 3. PLACE OF D		Weaver	-	-5-1965	10:20 PM
FULL NAME HOSPITAL OF INSTITUTION	of (If not in hospitol or institution, and oddress or location) Baltimore City Ho 4940 Eastern Aven Baltimore, Marylan	spitals nue	4. USUAL RESIDENCE (Where A. STATE B. COUNT Maryland C. CITY OF TOWN (If outsi	de city limits, write RU	itution: residence before admission) RAL and give township)
5. sex Female	6. RACE 7. MARRIED, WIDOWEL WILD	NEVER MARRIED D. DIVORCED (specify) Wed	8-22-1882	AGE (In years st birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OC dane during most of	CUPATION (Give kind of work 10B. KIND OF of working lite, even if retired) HOUSEWIFE			n country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15, Was Decease	august schady ed Ever in U. S. Armed Forces? wn of the service of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS ern Avenue 21224
(This does heart failure injury or co	ASE OR CONDITION DIRECTLY LEADING TO DEATH not mean the made of dying, e.g., oshenia, etc. It means the disease, omplication which caused death.) ANTECEDENT CAUSES OR CONDITIONS, if any, giving the above cause (A) stating the NG CONDITION lost.	(A) Br	onchopneumonia estive Heart F cardial Infarc		1 days 2 months 2 months
TO THE	II NIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO TH R CONDITION CAUSING IT.	E	bral Vascular		? years/ 2 years
21A. ACCID OR CONTRI DEATH (noti	DF OPERATION 198. CONDITION FOR WAS PERFORMED ENT WAS UNDERLYING 218. hom etc.)	PLACE OF INJURY (e.g., e., form, foctory, street,	20A. AUTOPSY? (Yes or No) NO in or about 21C. WHERE DID affice bldg., INJURY OCCUR?		NDINGS CONSIDERED SES OF DEATH? City, give exact locolion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year) (Hour) 21 E.	INJURY OCCURRED ile At Not Wirk At Work	21F. HOW DID INJU	RY OCCUR?	
that (1) (we	y that (I) (this haspital) attended the last saw the deceased alive an and fram the causes stated above. (I	10-5- (We) (did) (did not)	view the bady after death.		-5- 1965, an death occurred an the date
23C. Physic NAME D. 24A. Burial CF REMOVAL Burial 25A. DATE REC' OCT 8	P.Curtis, Jr. REMATION, 248. DATE 24C.NA (Specify) Oct. 9-1965	M.C AME of CEMETERY of C	23D. ADDRESS 4940 Eastern A REMATORY 24D. LO 7225 25C. FUNERAL DIRECTOR	venue, Balt	timore, Maryland town, or county) (Stote) Balto. Md. ADDRESS
Durial 25A. DATE REC	1965 Robert E. Fail	reu M.A.	JOHN J. DUDA 7	922 Wise Ave	• Dundalk, Md. 22



4-450

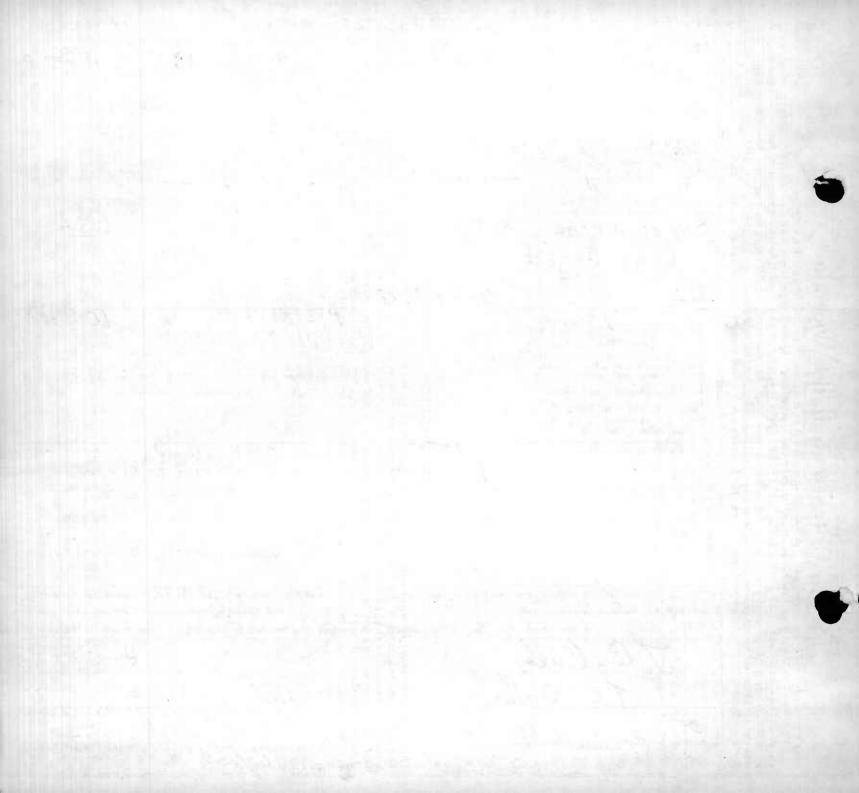
BIRTH NO.	MED		(AMINER'S C	ERTIFICATE OF	DEATH Registe	ored No.			
M.E. CASE NO. 1. NAME OF DEC	ELIZABI	ETH	HELINE		ber 6, 1965				
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If ins	titution: residence before admission			
FULL NAME OF	UE NOT IN HOSPIT	AL OR INISTITE	JTION, GIVE STREET	A. STATE Maryland					
HOSPITAL OR	ADDRESS OR LOCA	(TION)	SHOW, GIVE STREET	C. CITY OR TOWN (If outside		e RURAL and give township)			
				Baltimore		24-04			
1/4	1 Jackson St	reet		D. STREET ADDRESS (If rurol,	son Street				
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hr			
Female	White		DIVORCED (specify)	Nov. 28, 1891	lost birthdoyl	Months Doys Hours Min.			
10A. USUAL OCCL	JPATION (Give kind of world		dow BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF			
done during most of v	working life, even if retired)	At	Home	Balto. Md.	WHAT COUNTRY?				
13. FATHER'S NAM				14. MOTHER'S MAIDEN NAME					
Jol	hn L. Hildwei	in		Bertha	Unknown				
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No				Family		Same			
1B. 42	2.1.	THE LAW	CAUS	OF DEATH		INTERVAL BETWEEN			
DISEAS	SE OR CONDITION DI	RECTLY				ONSET AND DEATH			
(This does n	LEADING TO DEATH		(A)	riosclerotic Caro	liovascular	Disease.			
heart failure,	ot meon the mode of osthenio, etc. It meons application which coused	the disease,	DUE TO						
	NEFOCKA DENIE OF HIS								
	INTECENDENT CAUSE OR CONDITIONS, IF A		(B)	***************************************					
RISE TO TH	E ABOVE CAUSE (A) S'		561 10			Land Carp Control			
_			(C)	***************************************	***************************************				
U TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T	NG HE						
-	OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
UNDERLYING DEAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exact location)			
21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY (APPROX.)		m. V	VHILE AT NOT	WHILE					
22.	ify that I held an I		. 00		is bosis, death in r	my opinion			
resul	ted from: Natural co	uses X	ccident Suicia		Undetermined mann				
			17	CHIEF MEDICAL EX					
SIGNAT		arley 5	Telly 45	ASSISTANT MEDICAL EX		DATE SIGNED			
EXAMIN NAME (1	ER'S	s S. Pet	ty, M.D.	ASSOCIATE MEDICAL E		10/7/65			
23A. BURIAL CRE	MATION, 23B DATE		C. NAME of CEMETERY	or CREMATORY 23D. L	OCATION (City	, town, or county) (Stote)			
REMOVAL (Specify Burial	10 11	65	Loudor	n Park	Bal	to. Md.			
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	Kert Crist	ADDRESS			
OCT &	1965 (20.	+ 2 T	a. Ou. M.B	Mc Cully	1	30 E. Fort ve.			
VS 151-REV. 1/1/		A C, N	7	00007		1			



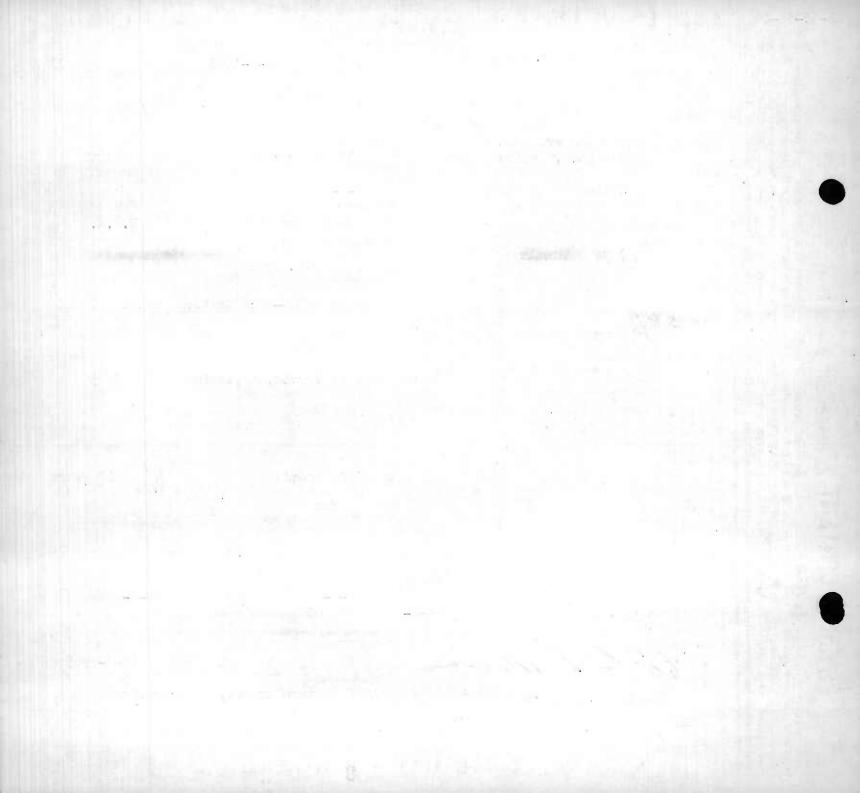


. 65 10310
No. 00 10010
ATH
965 1 P-AM.
. Il institution: residence before admission)
27-19
write RURAL and give township)
n)
Ave, 21214
If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
7,000
12. CITIZEN OF WHAT COUNTRY?
U.S.A.
Anl
ADDRESS
500)
-pawler Jame
MTERVAL BETWEEN ONSET AND DEATH
O Known Do Man H
र विभिन्दरं र त शतमा
7,
VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
GAUSES OF DEATH?
Itimore City, give exact location)
10-13 6
1963.
) apinian death accurred on the date
23B. DATE SIGNED
10-1-61
OSPITAL //
norial HOSP.
(City, town, or county) (State)
Rd. Balto. Co. Md.
ADDRESS
son St. Balto. Md. 2122

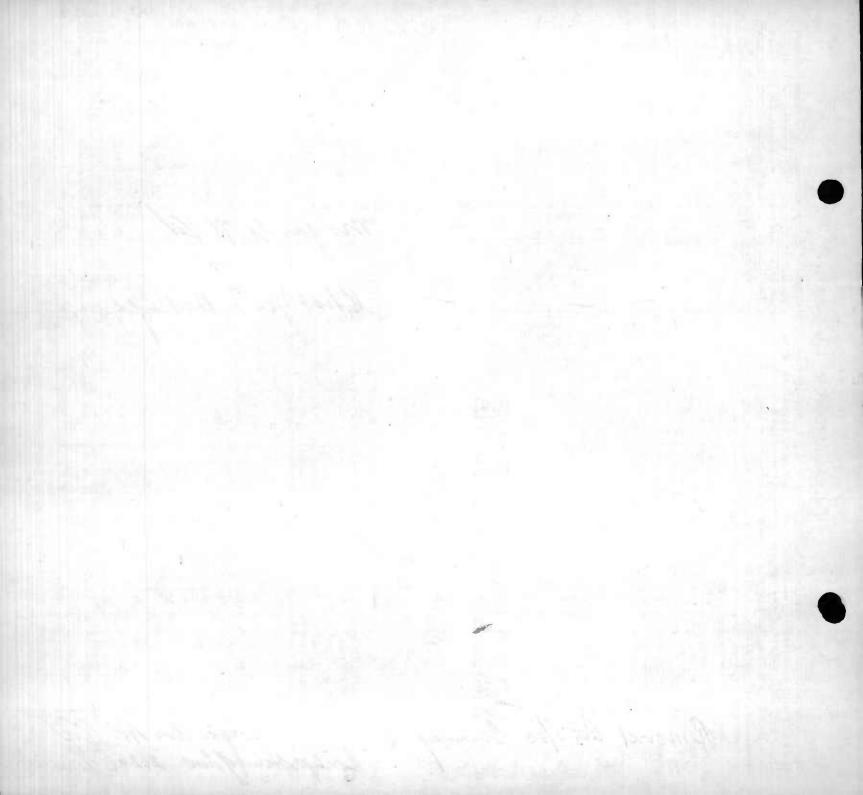
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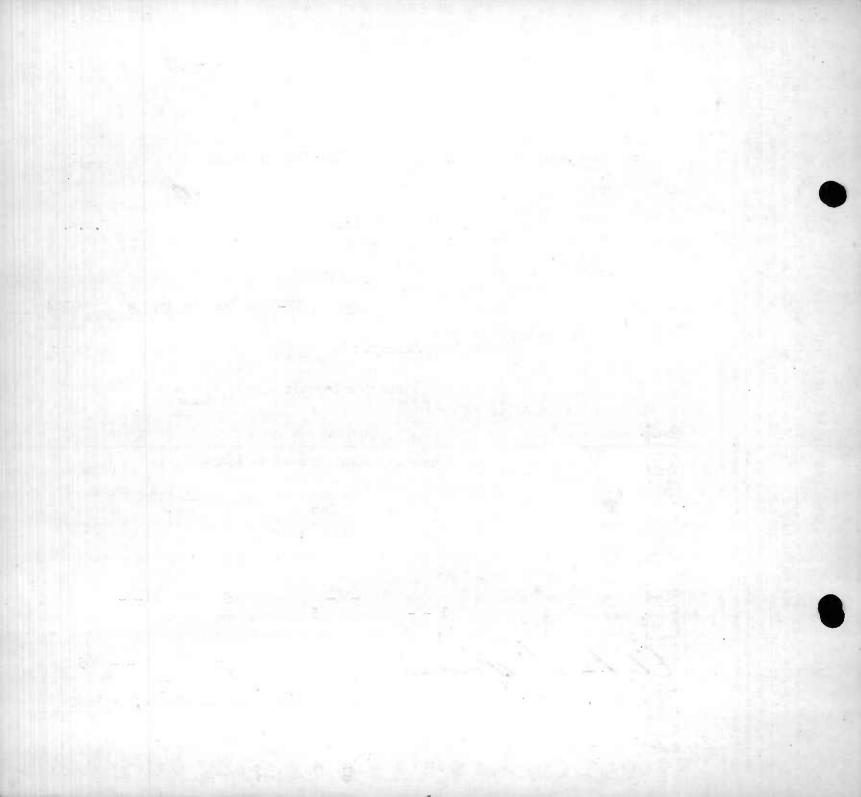






			BALTIMORE CIT	Y HEALTH DEPARTMENT	V	65 10314
BIRTH NO.	65 1031	4	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO.	CEASED				ND HOUR OF DEATH	
(Type or Print)		Yos t		2.00.12	10/7/65	11:45 0
3. PLACE OF D	Charles BEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (WI		nstitution: residence before admission
FULL NAME	OF (If not in hospital	or institution,	give street	A. STATE B. COU	NTY	V-45
HOSPITAL OF	R oddress or locotio	n)		C. CITY OR TOWN (If a	outside city limits, write	RURAL and give township)
21 11				Berkeley 5	prings	
Sine son	ins Hopkins +	plidiof			f rurol, give locotion)	
				Fairview	Drive	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male	White		14 L	6/13/50	15	
				11. BIRTHPLACE (Stote or for	reign country)	J2. CITIZEN OF
	of working life, even if retired)			markey	1. M/ N/2	WHAT COUNTRY?
	lent			11 corgan 1	14.11V.11Va	U.S.
13. FATHER'S N				14. MOTHERS MAIDEN N	AME /	
M	r. Charles R	. Yost.		FRANCES D	AWSON	
5. Was Deceas	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	. 1	ADDRESS
TO SHOULD OUR HON	wn) (If yes, give wor or dote	s or service!	SECURITY NO.	16hos Ala	IN B.	10 1 (11.1/a)
10			CAUSE	OF DEATH	1 Herry	ley springer
1B. 3 9	XX		CAUSE	DE DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY				
(This does	nol meon the mode of	dvina e.a.	(A) V	entricular f.br. 11 a	1 cm	30 - 45 m·h
heart foilure	e, oslhenio, elc. Il meons	the disease,	Cc	udiac hypoxia, g.	I mount ecterna	(
injury or co	omplication which caused			pertension, arem		
	ANTECEDENT CAUSES		DUE TO	TP1		***************************************
	OR CONDITIONS, if		SI	te & chronic gli	1 1 1	~ 7 month.
	The above couse (A)	stating the	(C) 300 M	ing I chamis all	omerall nophotis	month
	11					
Z OTHER SIG	II NIFICANT CONDITIONS (CONTRIBUTION	G			
F TO THE	DEATH BUT NOT RELATED TO CONDITION CAUSING	ATED TO TH				
	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 208. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PER	FORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING] 21B	PLACE OF INJURY (e.a.	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
_ OR CONTRI	BUTING CAUSE OF	hom etc.	ne, form, foctory, street,	office bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
U						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)		Wh	ile At Not Wh			
22	(u. abaa /I) /abia baasisa	I) assaudad s	ha dansarad form	June 8 ,	30 65 4	Oct 7, 1965
						·
that (I) (w	e) lost sow the decease	ed olive on	<u> </u>	19 65 ond 1	hat in(my) (aur) opi	inion death occurred on the do
and hour o	and from the couses sta	ted obove. (I	l) (We) (did) (dld not)	view the body ofter death		
23A. SIGNA	TURE					23 B. DATE SIGNED
(/	. Q. Smith		M.D. At	tending Med. Director	Stoff Phys.	10/7/65
23C. PHYSIC	IAN'S			23D. ADDRESS	111y 5. 1/2	1 . 1 - 3
NAME	(Type)			11 // //	- 16 5	
	Jere P. S	mith	M.D.	0	cins Hospital	
REMOVAL	REMATION, 248. DATE	/ 24C. N	AME of CEMETERY OF CI	REMATORY 24D.	LOCATION IC	ity, town, or county) (State)
Alema	vest Vect 81	115 A	Wallend	n	rosan ho	4 Millar
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAN	250 FUNERAL DIRECTO	OR A	ADDRESS
DOT		e a Ti	0= 10	Philip No	wild Sons	2024 Och Parel SA
904 0	3 1965 R. O.	10 C. V.	Wayne)	J. Bradelle	1/1000	- / william of
VS 150-REV. 1/	1/65					





5-315

BIRTH NO.	MEDI	ICAL EX	AMINER'S CI	RTIFICA	TE OF	DEATH Registe	red No	
M.E. CASE NO.								
Type or Print						D HOUR PRONOUNC		
	LEONARD		Stepney			ber 6, 1965	9:55	P M.
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		deceased lived. If inst	itution: residence before o	odmission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION. GIVE STREET		ryland			
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
and A		.1		Baltimore				
Prov	ident Hospita	1.T		D. STREET ADD				
				10	28 N. C	ilmor# Stre	et	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under lost birthday) Months, Ooys, Hours				
Male	Negro		Married	Sept.	5, 191			
			BUSINESS OR INDUSTRY			, , , , ,	12. CITIZEN OF	1
done during most of	working life, even if retired)			Mar	yland		USS.A.	
13. FATHER'S NAM	AE			14. MOTHER'S M		E	O.D.R.	
	Harry St	ennev		Leth	ia Nor	nia		
15 WAS DECEASE	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	ra nor	1.12	ADDRESS	
	(If yes, give wor or date		SECURITY NO.					
Yes	WW11		218-12-8312	Ruth	Stepne	▼ 342 E.	25th St.	J. France
18.	1.0	ATT BEAT	CAUSE	OF DEATH			INTERVAL B	
DISEA	SE OR CONDITION DI	RECTLY						
	LEADING TO DEATH		(A) Fatty	Liver.		0		
heort foilure	not mean the mode of , osthenio, etc. It means	the disease,	DUE TO					
injury or co	mplication which caused	deoth.)					seed of and	
	ANTECENDENT CAUSE	S	/ P\				THE PARTY OF THE P	
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO			•••••••••••		00-100-000-00
UNDERLYI	NG CONDITION LAST.	A III O						
OTHER SIG TO THE DISEASE O			(C)					
A OTHER SIG	II INIFICANT CONDITIONS	CONTRIBUTION	ıc					
O THE	DEATH BUT NOT RE	LATED TO T	HE					
DISEASE C	F OPERATION 198. CON		WHICH OBERATION	20A AUTORS	(2 /Van a. Na)	208, IF YES, WERE FI	NDINGS CONSIDERED	
B ISA. DATE OF	WAS PER		WHICH OPERATION	Ye		IN CERTIFYING CAU	SES OF DEATH?	Yes
10/	L CAUSE WAS	los P	PLACE OF INJURY (e.g.,			/If in Rollimore City of		res
	OR CONTRIB-	home etc.)	, form, factory, street, o	ffice bldg., INJUR	Y OCCUR?	til in bolimore Crty, gi	Ve exoct locollon/	
W .	JSE OF DEATH.	erc./						
21 D TIME OF INJURY	(Month) (Doy) (Yeo	Hour) 2	1E. INJURY OCCURRED	21 F. H	OM DID INT	URY OCCUR?		
(APPROX.)		w V	VHILE AT NOT	WHILE				
22.								
I cer	tify that I held an I	nquiry 🔲	Inspection Aut	apsy X on	d that on th	Is bosis, death in r	ny opinion	
resu	Ited fram: Natural ca	uses X A	ccident Suicid	e Hamic	ide	Undetermined mann	er	
	01		1/-	CHIEF	EDICAL E	XAMINER	DATE SI	CNED
SIGNAT		arles 1	1 elly M.D.	ASSISTANT M	EDICAL E	XAMINER X		
EXAMI	-		m. D.	ASSOCIATE A	AEDICAL E	XAMINER	10/7	(65
NAME (Type) Char	cles S.	Petty, M.D.		,			
23A. BURIAL CRE		23	C. NAME OF CEMETERY O	CREMATORY	23 D.	LOCATION (City	, town, or county)	(Stote)
Burial	10/1/	116E 1	Salto. Natl	Com	D	ol himana	Wa	
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	Cem.	AL DIRECTO	albimore,	ADDRESS	
			THE SECOND	de		11/1 151	011011	
OCT 8	1965 0 0	28 6	5 6 0	NAY	sende.	alson 1346	M. Calhan	ST
	/46 POUG UND	TOE-THE	CA VEUTAN	01 0				

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Harry Stapney Letanok whited

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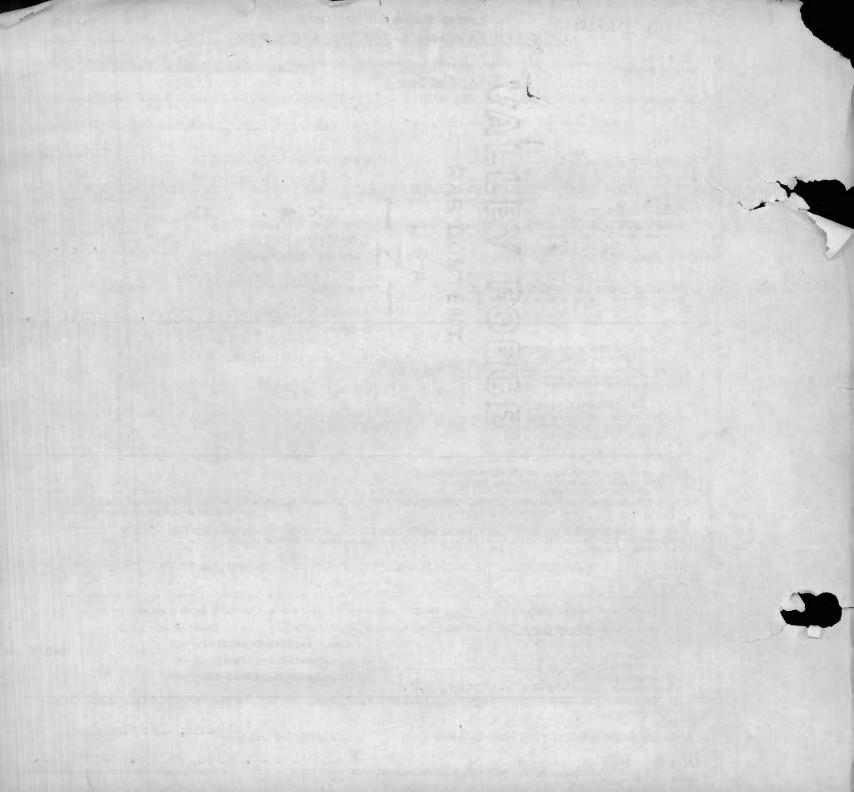
Purtal 10/18/55 Patto. istl. Cim. Ballmore, will

2 2 / 1			()()		BALTIMORE CITY	HEALTH [DEPARTMENT		65 1031/
1 4 600		TH NO.	63-16	1211	CERTIFICA	TE OF	DEATH	Registered No.	
Such Such	M.	E CASE NO.)) (2. DATE AN	ID HOUR OF DEATH	
Sobers		pe or Print)	Vernon L	. Bove	r			5-65	9:45 am.
+ 0 ° 4	3.	PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL			nstitution: residence before odmission)
Tespina (5) Danie	8	FILL NAME O	E (If not in bounded	an inntituation			land	15-	1)
dan dan		HOSPITAL OR	F (If not in hospital oddress or location	or institution	, give sneer	C. CITY O	R TOWN (If ou	tside city limits, write	RURAL ond give township)
D S C C	-	2					cimore		
B B 4 0	1	2						rurol, give location)	
4 - 5 L	5	The Jo	hns Hopkin	s Hosp	pital	3236	5 Sequoia	a Ave.	
ibut d p	9	SEX	6. RACE	7. MARRIE	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE O	F BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
contrib		Male	Negro	Marri	Led	1-18	3-14	51	
000			PATION (Give kind of wor	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHP	LACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
E - D - T -	5 00	ne during most of t	working life, even if retired)			Bal	timore,	Ma.	U.S.A.
00E % .:	13.	FATHERS NAM	AE				ERS MAIDEN NA		O.D.A.
rect (4) U (4) the	2	XX Fran	k Boyer			Edna	a Hill		
	15		Ever in U. S. Armed Fo	reex?	1 6. SOCIAL	17. INFORA			ADDRESS
istant the di kind; death	(Y e	s, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.				
Ssist the the de de		No			216-10-7078		line S.	Boyer 32	36 Sequoia Ave.
IMPORTAN rr his assistant Also, if the di of any kind; ounced death	5		3 X I		CAUSE OF	DEATH			INTERVAL BETWEEN ONSET AND DEATH
MPC his of an of an unce	5		E OR CONDITION DI LEADING TO DEATH		Sub	arach	noid Hen	norrhage	24 houng
Als Als			al mean the made of		(A)				24 hours
R: Independent	5	heart failure,	asthenia, etc. It means	s the diseas	e,	7	T	. 3: ~	12 years
0 - = 0 3 =			ANTECEDENT CAUSES		(B)	нтррт	e-ы naai	a disease	12 years
CT CT Cam ami	5		R CONDITIONS, if		DUE TO				
REC exa (3) A in w	5	rise to the	abave cause (A)						***************************************
DIR lical cal e cal e ician as ir		UNDERLYING	CONDITION last.						
AL D medico edical burns; hysicic n was		OTHER SIGNII	FICANT CONDITIONS (CONTRIBUTE	NG				
RAL DI f medica medical / burns; physicia an was	ATION	TO THE DI	EATH BUT NOT REL.	ATED TO T	THE				
d y b d y d d d d	2 7		OPERATION 198. COM	NDITION FOR	WHICH OPERATION	20 A. AL	JTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
Z + 8 8 + 8		2		RFORMED		7	YES	IN CERTIFYING CA	AUSES OF DEATH?
FU the the (2) (2) ere o ph	0 0	21 A. ACCIDEN	T WAS UNDERLYING	21	1B. PLACE OF INJURY (e.g., in ome, lorm, foctory, street, of	or obout 2	1 C. WHERE DID	(If in Boltimo	ie City, give exoct locotion)
== 000	0 7	DEATH (notify	medical examiner)	et	(c.)				
967707	B 0	21 D. TIME	(Month) (Doy) (Year)		E. INJURY OCCURRED	2	IF. HOW DID INJ	URY OCCUR?	
ved by hospital hospi	N N	OF INJURY		, v	Vhile At Not While At Work				
1 00 0 0 0	210	22	Abox (I) (Abis bossies					10 65 10	/5 ₁₉ 65
0 0	5	that (1) (wa)	lost sow the deceos	ad alive as	the deceased from 10/5	10	65	() ()	
		1						or in (my) (our) op	inion deoth occurred on the dote
st be a used to ent of spital	ISI	23A. SIGNATU		ped obove.	(I) (We) (666)(did not) v	iew the bo	ody otter deoth.		23B. DATE SIGNED
de de	E	()	,) \ . /		M.D. Atte	ndina 🖂	Med.	Stoff X	10/5/65
E P C P C	5	400	-0,00	w		nding	Director	Phys.	20/3/03
is r	0	PHYSICIA NAME (T	ype)	179		Joh:	ne Honki	ns Hospita	al, Baltimore, Md
A Arg	bbro		e J. Silver		M.D.				
	24	A. BURIAL CREA	MATION, 24B. DATE	24C.1	NAME of CEMETERY of CRE	MATORY	24D. L	OCATION (C	City, town, or county) (State)
This certithe body shows: (1) was D.O.	5	Burial	10/8/	65 Be	alto Nota	0.00	Ba	altimore,	Ma
This certhe books: was D.	25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. 53	NERAL DIRECTO	111	ADDRESS
± ± 4 ≥ 4	3	DCT 8	1965 100	120	Fr. Bin DO	BE	secondo	Kelen 134	87. Calhoun St.
	VS	150-REV. 1/1/6	5	() C	design in the second	0			

Baltimers, Ed. Cloth-Total County S. Dover 3:30 Security The art of the state of the late Type market ec/8/ T

BIRTH NO. MED	ICAL EXAMINER	R'S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	30 20 20 20 20	
Type of Print	7727767	2. DATE AND HOUR PRONOUNCED DEAD
EMILY	EMILA WALK	October 7, 1965 4:00 A
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE 8. COUNTY
	and the second s	Maryland
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STI	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NSTITUTION	A LAND TO THE REAL PROPERTY OF THE PARTY OF	Baltimore /2 // S
Mercy Hospital		D. STREET ADDRESS (If rural, give location)
liezey mospical		
,		435 E. Lanvale Street
6. RACE Female Negro	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED(spec	
IOA, USUAL OCCUPATION (Give kind of world		INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
fone during most of working life, even if retired)	Tale 7.	North Carolina WHAT COUNTRY?
HOUSEWII 63. FATHER'S NAME	Total Control of the	14. MOTHER'S MAIDEN NAME
	Tr. Coodett	100 x 1 200 x 1
John Henr		Leana Washington
5. WAS DECEASED EVER IN U.S. ARMED res, no or unknown), (If yes, give wor or dote		17. INFORMANT ADDRESS
		David Washington 435 E. Lanvale St.
[18,		CAUSE OF DEATH INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST. Z O O O O O O O O O O O O	CONTRIBUTING	
DISEASE OF CONDITION CALISING	3 IT	
19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERAT	NO 20A. AUTOPSY? IYes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Q 21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-		JRY (e.g., in or about 21C, WHERE DID (It in Baltimore City, give exact location) street, office bidg., INTURY OCCUR?
21D TIME (Month) (Doy) (Yeo	r) (Hour) 21E. INJURY OC	CURRED 21 F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	WHILE AT	NOT WHILE
22.	m. WORK	AT WORK
I certify that I held on I	nquiry Inspection 2	Autopsy ond that on this basis, death in my opinion
resulted from: Notural co	uses X Accident	Suicide Homicide Undetermined monner
	12	CHIEF MEDICAL EXAMINER
ACTUAL (OL	arb. I tall	DATE SIGNED
SIGNATURE)	M.D. ASSISTANT MEDICAL EXAMINER X 10/7/65
	les S. Petty, M.	D.
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C, NAME of CE	METERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial 10/1	1/65 Mt. Cal	very Baltimore, Maryland
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
DOT O ARET		Charles A Diag GGT W Ponno Ct





23C. NAME OF CEMETERY OF CREMATORY

248 NAME OF REGISTRAR

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

23D. LOCATION

(State)

(City, town, or county)

1. Elichern 1129 n. Curling



EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

23B. DATE

23A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/65

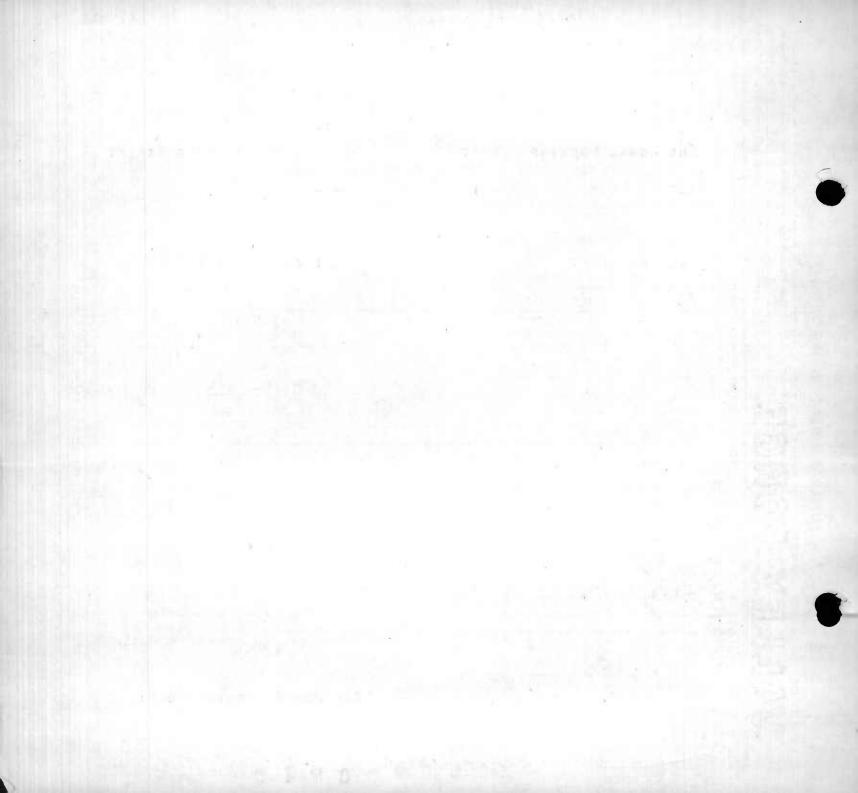
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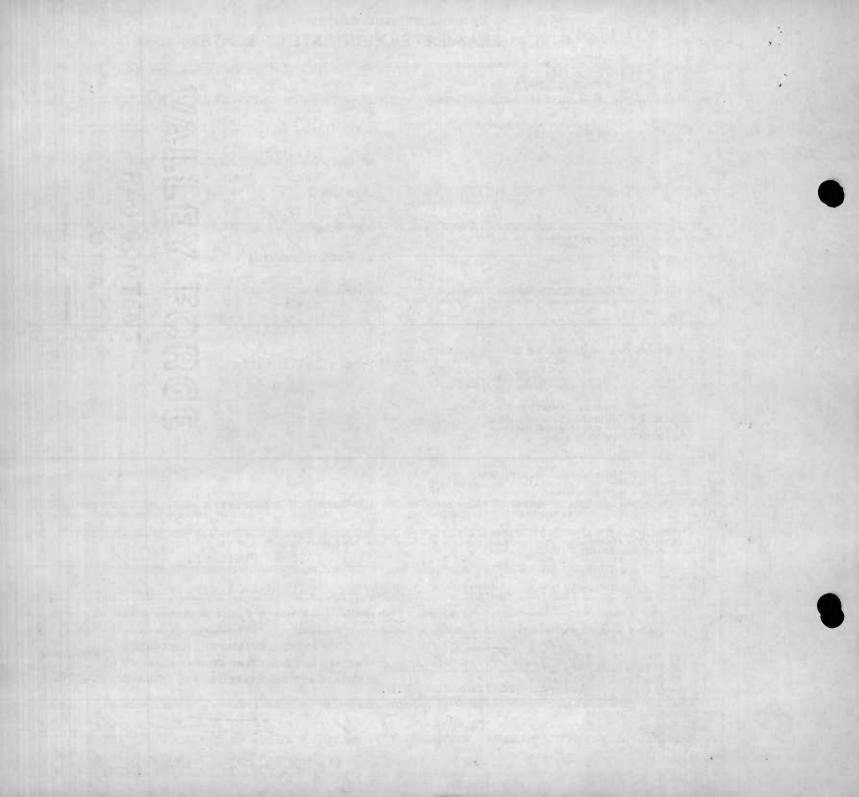


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All references to the second

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VS 151-REV. 1/1/65



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DIRECTOR:

FUNERAL

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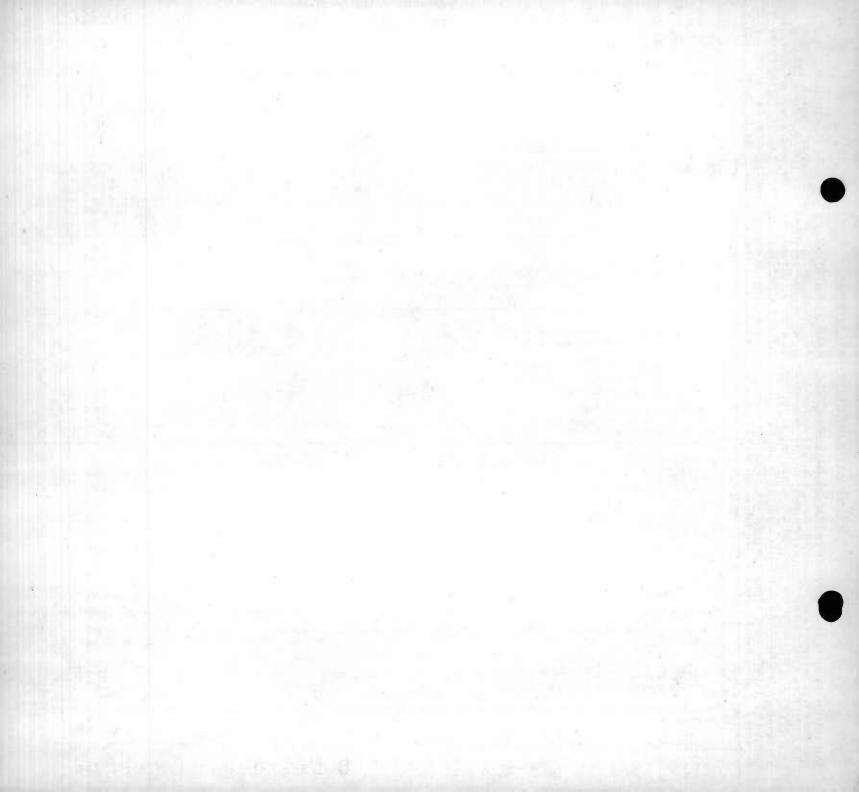
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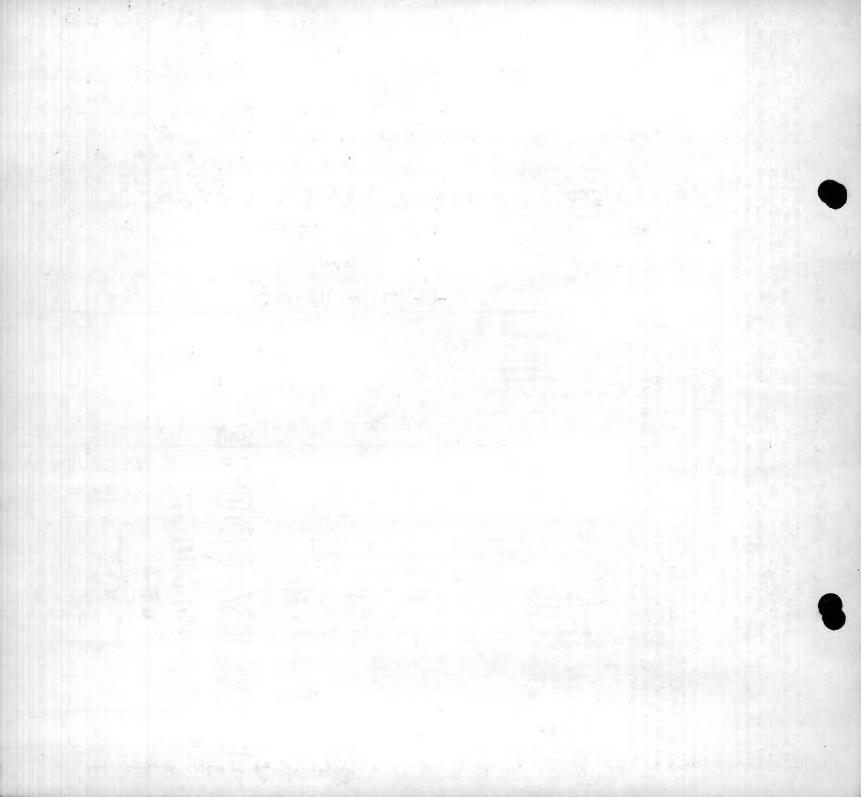
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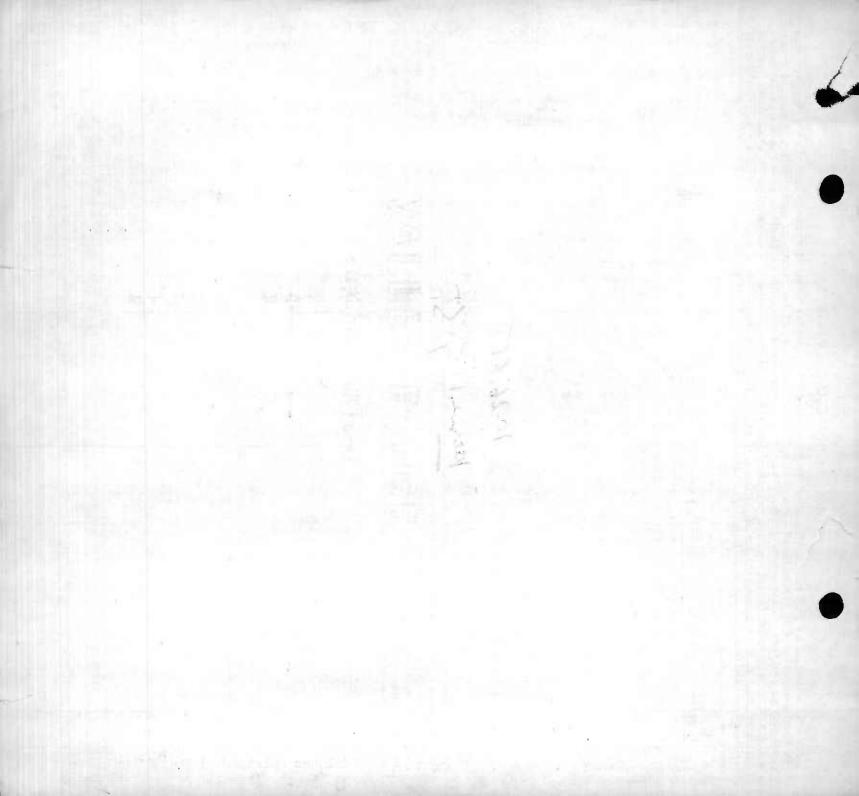
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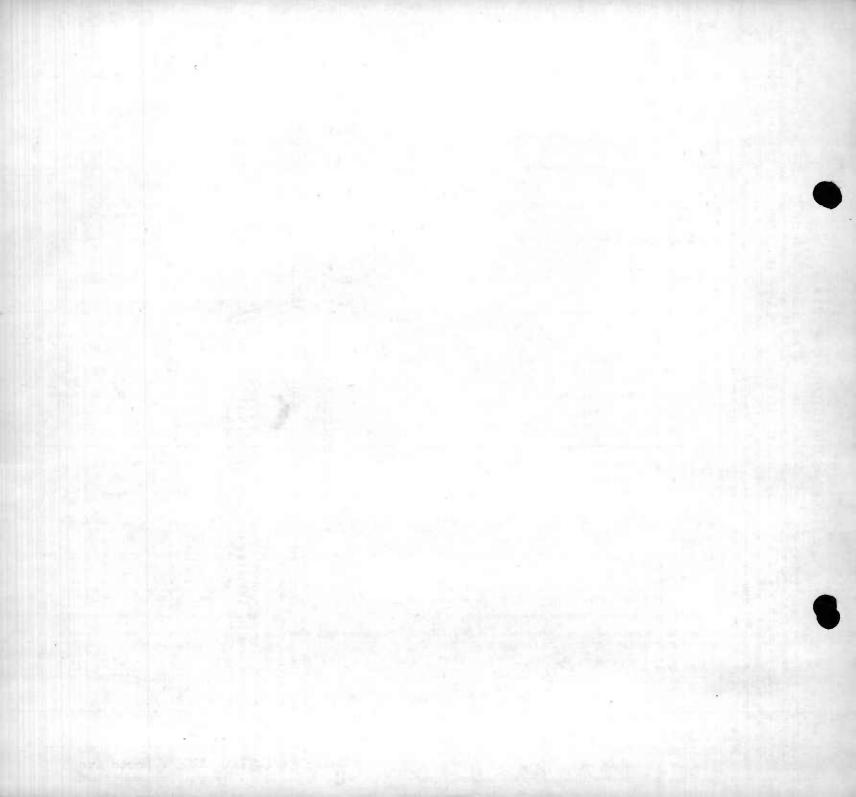
No Cappel Resp Inc 1800 H Lowbert St.







M.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Na	65 10330
	CEASED			2. DATE A	ND HOUR OF DEATH	
Type or Print)	WILLIAM	PATT	ERSON	OCT	OBER 3, 196	5
FULL NAME OF DE		RYLAND or institution, g		A. STATE 8. COU	ore deceased livad, If in: NTY	stitution: residence before odmission
IL ST	JOSEPH HOSPI	ITAL		BALTIMORE D. STREET ADDRESS (I	rural, give location)	6-04
7				1818 ORLEANS	ST	
M M	6. RACE	WIDOWED,	NEVER MARRIED DIVORCED (specify) ried	B. DATE OF BIRTH Dec 15, 1892	9. AGE (In years lost birthday) 72	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of work f working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oign country)	12. CITIZEN OF WHAT COUNTRY?
SELF EM	PLOYED				IRGINIA	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
Unkno	own			Unknown		
	d Ever in U. S. Armed Form		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			2200	MR ALEXANDE	R PATTERSON	807 PIERCE ST
1B. 4/2 9	0.11		CAUSE O		I RI I III WON	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY		THE RESERVE		ONSET AND DEATH
	LEADING TO DEATH		(A) C	OROWARY TO	From Bosis	IMMEDIATE
	not mean the mode of , osthenio, etc. It means		DUE TO	**		3.4
	mplication which caused			MIGENTER	181041	14/10/62
	ANTECEDENT CAUSES		(B)	HYPELTER	33707	18/17/
DISEASES	OR CONDITIONS, if	ony, giving				11 /
rise to th	he obove couse (A)		(C) M	apo conplat.	FACLURE	a contrare ===================================
UNDERLYIN	G CONDITION last.			/		
E TO THE	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO THE				
		DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20 B. IF YES, WERE F	INDINGS CONSIDERED
5 ()		218				ISES OF DEATH!
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	home etc.)	PLACE OF INJURY (o.g., i c, form, factory, street, o	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exect locotion)
OR CONTRIB	y medical examiner	home etc.)	, form, factory, street, o	ffice bldg., INJURY OCCUR?		
OR CONTRIB DEATH (notif	UTING CAUSE OF	(Hour) 21 E.	injury Occurred	ffice bidg., INJURY OCCUR?		
OR CONTRIB DEATH (notif	y medical examiner	(Hour) 21 E.	INJURY OCCURRED e At Not Whil	21F. HOW DID IN		
OR CONTRIB DEATH (notif DEATH (notif OF INJURY (APPROX.) 22. 1 certify	y medical examiner) (Month) (Day) (Year) y that (1) (this hospital	(Hour) 21 E. Whil Work	INJURY OCCURRED Al Not While Al Work a deceased from	21F. HOW DID IN	JURY OCCUR?	
21A. ACCIDE OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. 1 certify	y medical examiner) (Month) (Day) (Year) y that (1) (this hospital	(Hour) 21 E. Whil Work	INJURY OCCURRED Al Not While Al Work a deceased from	21F. HOW DID IN	JURY OCCUR?	City, give exect lecetion)
21A. ACCIDI OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we	y that (I) (this hospital	(Hour) 21 E. Whill Work) attended the	INJURY OCCURRED Al Not While Al Work a deceased from	21F. HOW DID IN	JURY OCCUR? 19tata	City, give exect lecetion)
Z1A. ACCIDI OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we	y that (1) (this hospital y) last saw the decease d fram the causes state	(Hour) 21 E. Whill Work) attended the	INJURY OCCURRED Al Not While Al Work a deceased from	21F. HOW DID IN	JURY OCCUR? 19tata	City, give exect lecetion)
ZIA. ACCIDIO OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (I) (we and haur and injury approximation)	y that (1) (this hospital y) last saw the decease of fram the causes stat	(Hour) 21 E. Whill Wark) attended the dalive an	INJURY OCCURRED Al Not While Al Work deceased from (We) (did) (did nat) v	21F. HOW DID IN 21F. HOW DID I	JURY OCCUR? 19ta(our) apin	City, give exect location) 7 3 / 65 19 nian death accurred an the d
ZIA. ACCIDIO OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (I) (we and haur and injury approximation)	y that (1) (this hospital y) last saw the decease of fram the causes stat	(Hour) 21 E. Whill Work) attended the	INJURY OCCURRED Al Not While Al Work e deceased from (We) (did) (did nat) while M.D. Attr. Phy	21F. HOW DID IN 21F. HOW DID IN and to the body after death. Med. Director	JURY OCCUR? 19tatata	City, give exect locetion) 7 3 / 65 19 nian death accurred an the d
ZIA. ACCIDIO OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (I) (we and haur and injury approximation)	y that (1) (this hospital y) last saw the decease of fram the causes stat	(Hour) 21 E. Whill Work) attended the dalive an	INJURY OCCURRED Al Not While Al Work e deceased from (We) (did) (did nat) while M.D. Attr. Phy	21F. HOW DID IN 21F. HOW DID I	JURY OCCUR? 19ta(our) apin	City, give exect locetion) 7 3 / 65 19 nian death accurred an the d
21A. ACCIDITY OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and haur an 23A. SIGNATI 23O. PHYSICIA NAME 24A. BURIAL CRI	y that (1) (this hospital y that (1) (this hospital) last saw the decease and from the causes stat URE OF OF OF OF OF OF OF OF OF O	(Hour) 21 E. Whill Work) attended the dalive an	INJURY OCCURRED All Mot While All Work e deceased from (We) (did) (did nat) while Manual Ma	21F. HOW DID IN 21F. HOW DID IN 19	JURY OCCUR? 19ta(hat in(my) (our) apli Stoff Phys.	City, give exect locotion) 7 3 / 65 19 nian death accurred on the death
21A. ACCIDITY OR CONTRIB OR CONTR	y that (1) (this hospital) last saw the decease and fram the causes state URE O B FLT EMATION, 248. DATE (Specify)	(Hour) 21 E. Whill Work) attended the dalive an	INJURY OCCURRED Al Not While Al Work e deceased from (We) (did) (did nat) while M.D. Attraction of CEMETERY or CRI	21F. HOW DID IN 21F. H	JURY OCCUR? 19ta	City, give exect locotion) 73/65 19 nian death accurred an the death accurred and the death accurred accurred and the death accurred and the death accurred and the death accurred and the death accurred accurred and
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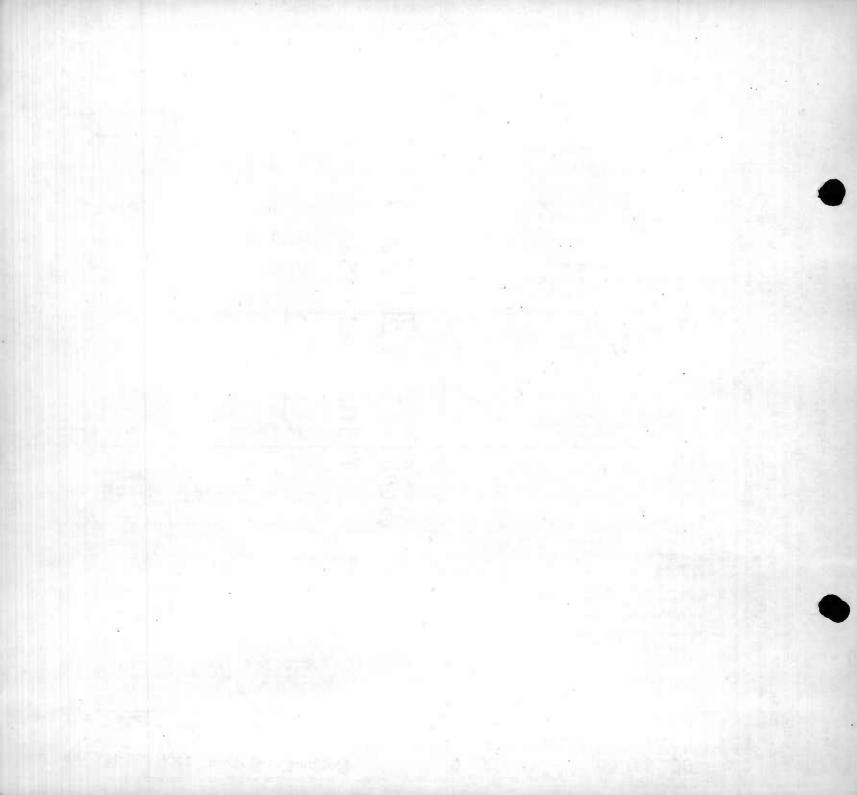
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

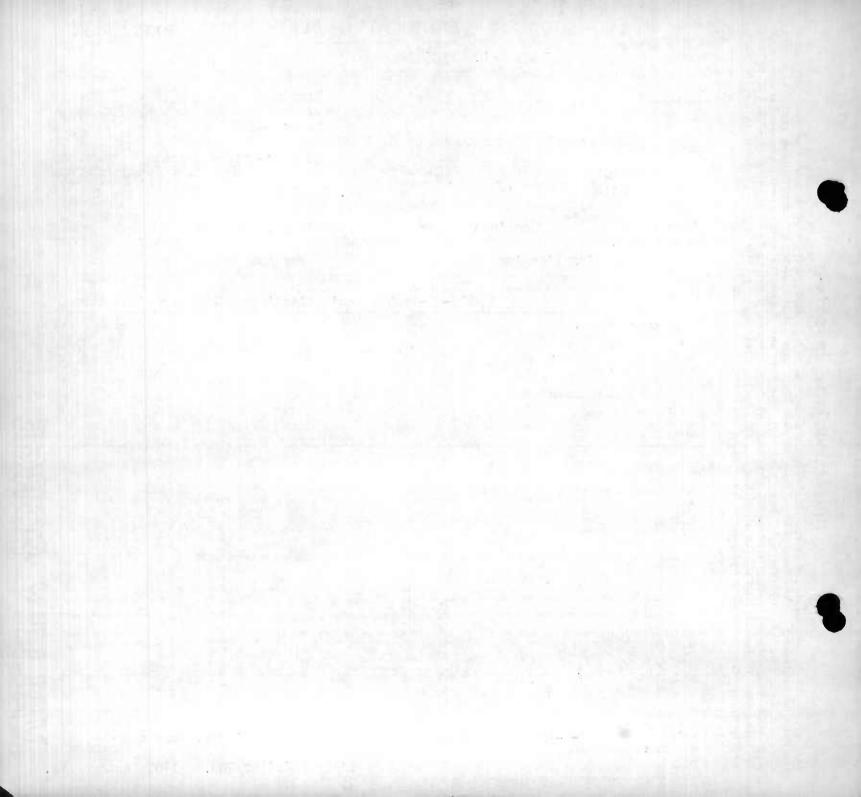
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

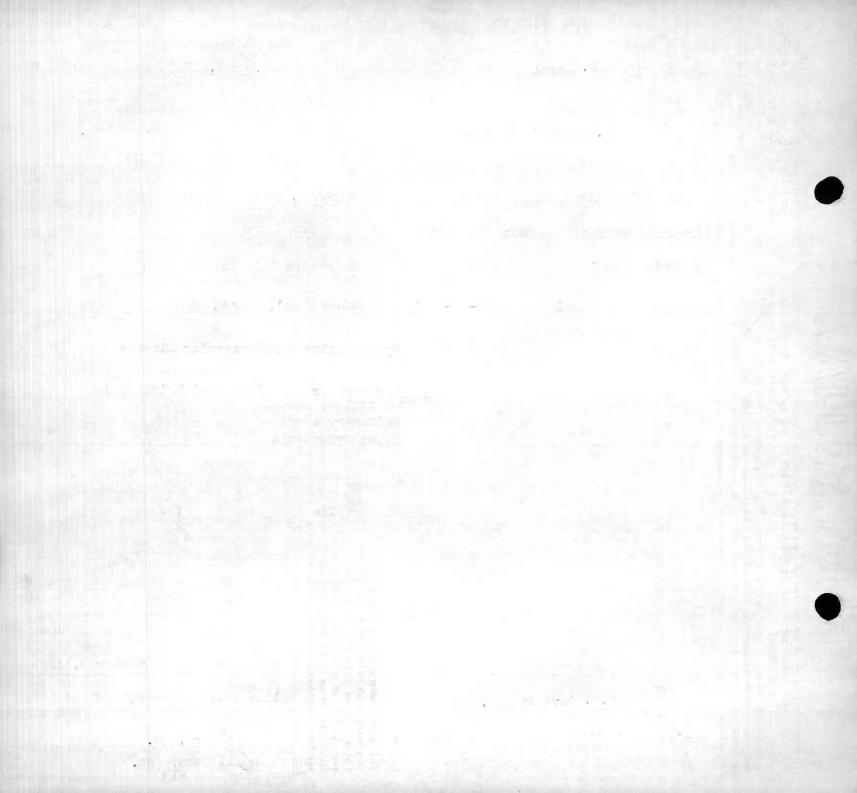
IMPORTANT

FUNERAL DIRECTOR:

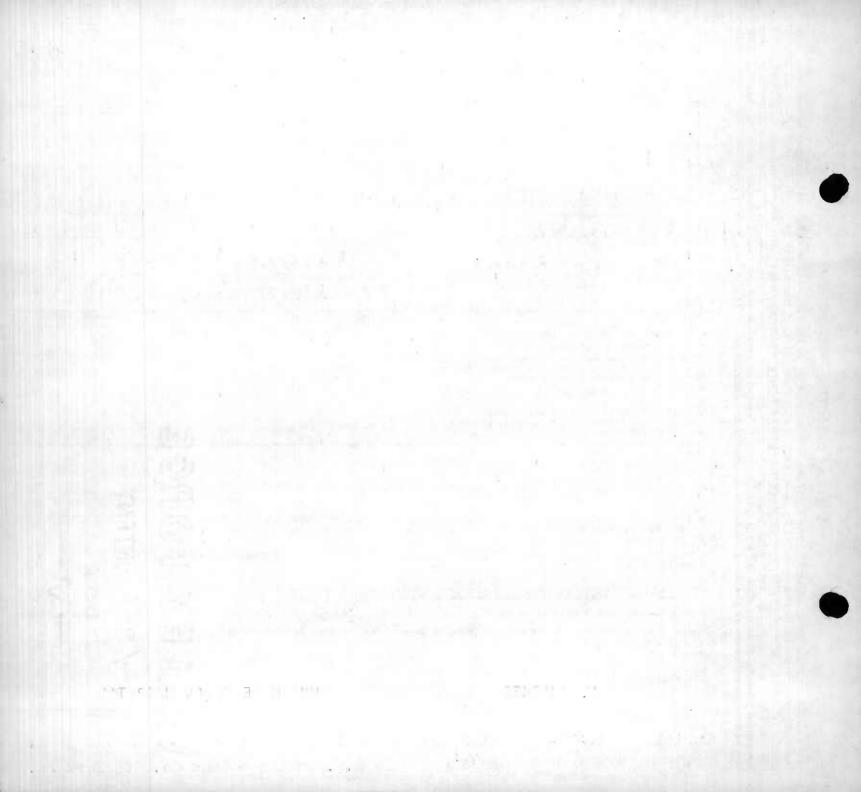
819TH NO. 65 106	BALTIMORE CITY	HEALTH DEPARTMENT		COLL ADDRESS
DIKITI NO.	CERTIFICA	TE OF DEATH	Registered Ne	95 19331
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE AL	ND HOUR OF DEATH	H
Type or Print MARGARET	JOHNSON	10-3-		1 1100 P
. PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admissi
		A. STATE B. COUN	NTY	12-211
FULL NAME OF (If not in hospital of HOSPITAL OR address or location)	r institution, give street	Maryland		309
INSTITUTION		D	itside city limits, write	e RURAL and give tawnship)
UNIVERSIT	Y HOSPITAL	D. STREET ADDRESS (III	rurol, give location)	1.67
50				2
				arkway
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Haurs Min.
Temale Negro	Widowed	12-18-82	82	
A. USUAL OCCUPATION (Give kind of work)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fore	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired) Housewife	TI	** ** .		USA.
3. FATHERS NAME	Home	Washington 14. MOTHERS MAIDEN NA	D D	034.
		THE WIND WARD AND AND AND AND AND AND AND AND AND AN	1012	
Unknown		Unknown		
S. Was Deceased Ever in U. S. Armed Farc		17. INFORMANT		ADDRESS
(es,na or unknown) (If yes, give war ar dotes	of service) SECURITY NO.	Etla Johnson	170	19 GWYNN Falls Pku
18 0 0 0 0	CAUSE O		. 180	INTERVAL BETWEEN
011/		TUCAIN		ONSET AND DEATH
DISEASE OR CONDITION DIRE		1 1 2	1. 1.	2 7
(This does not mean the mode of	dving e.g. (A) NUD	twied appendix ?	Devitonins	3 days.
heart foilure, osthenia, etc. It means	the diseose,			
injury or complication which caused	death.)			
ANTECEDENT CAUSES	(B)	**************************************		
DISEASES OR CONDITIONS, if a				
rise to the obove couse (A)	stoting the (C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT	ONTRIBUTING	1 1. (1.	1200 1 1 1	
		oscleratic Cardial		The state of the s
19A. DATE OF OPERATION 19B. COND	ORMED A	20 A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
10-3-65	Appendication	A RAIL TO LALLE		
OR CONTRIBUTING CAUSE OF	21 & PLACE OF INJURY (e.g., i home, farm, foctory, street, o	fice bldg. INJURY OCCUP?	(If in Boltimo	ore City, give exact location)
DEATH (natify medical examiner)	etc.)	sidgi, iii saki sacak:		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	IURY OCCUP?	
OF INJURY	While At Not Whi		JOKI OCCOK:	
(APPROX.)	Work Al Wark			
22. I certify that (I) (this hospital)	attended the deceased from	10-2-	19 65 to	10 - 3 19 65
that (1) (we) last saw the deceased				
				pinion death accurred on the
and hour and from the causes state	ed abave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	^ ^			238, DATE SIGNED
mancis a. Clar	M.D. Att.	ending Med. Director	Stoff Phys.	10-3-65
23 C. PHYSICIAN'S	0	23D. ADDRESS		
23 C. PHYSICIAN'S NAME (Type)	the second second second second			
	M.D.			
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L		City, town, or county) (State
		A	A County	Md
	5 Mt Calvary Cem	et by FILMERAL DIAFCE	0	ADDRESS
OCT 9 10CF A	A TO THE OF RESIDENCE	MACI Charle Ha	Istead 120	06 W North Ave
0 1305 (17.0%)	O E STOLLERA	Morbins, us	2000000 200	
Burial 10/7/6 25A. DATE REC'D BY HEALTH DEPY. OCT 8 1965 P. C. VS 150-REV. 1/1/65	55B. NAME OF REGISTRATY COM	nh		06 W North Av



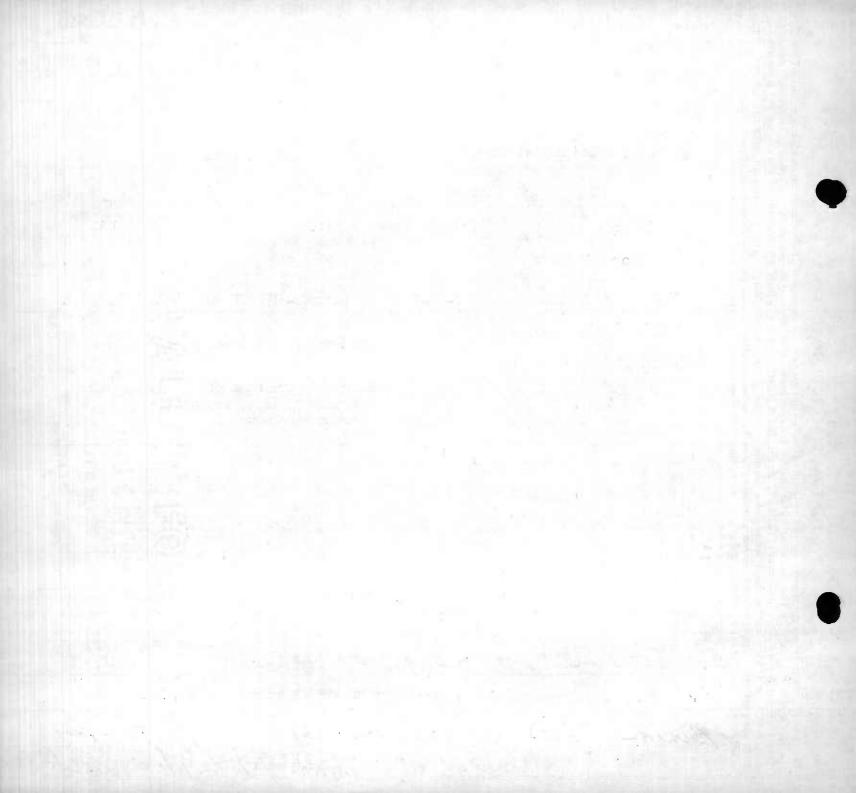




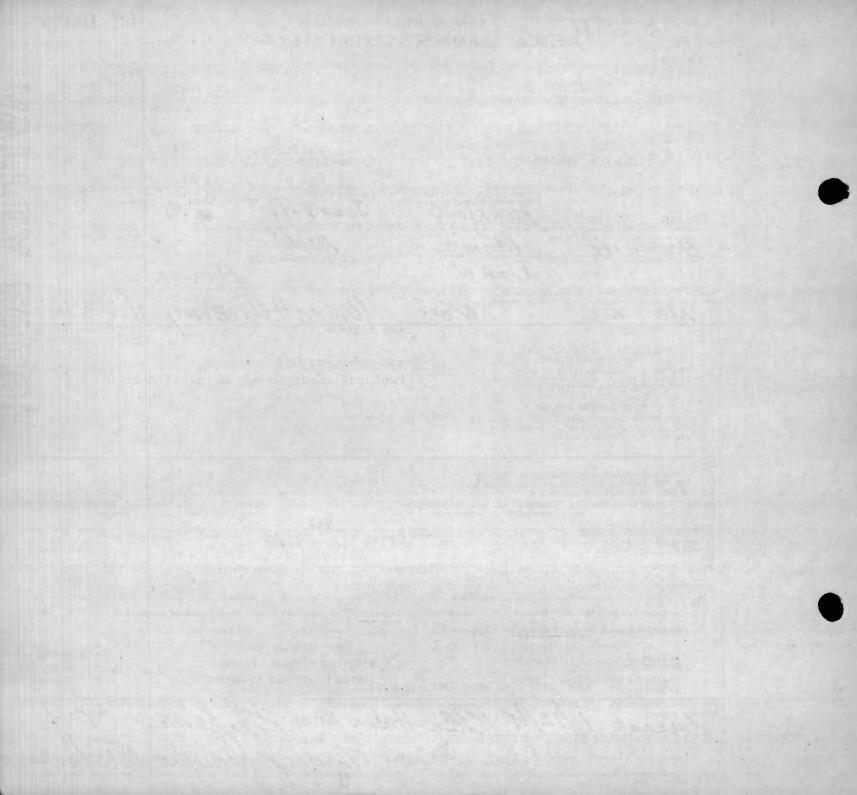
BALTIMORE CITY HEALTH DEPARTMENT	
	4
1. NAME OF DECEASED 2. DATE AND HOUR, OF DEATH	
HENRY CURLANDER 10/6/65	PM.
4. USUAL RESIDENCE (Where deceásed lived, if institution: residence be	ore odmission)
FULL NAME OF III not in hospital or institution, give street	0.19-1
INSTITUTION (IT OUTSIDE CITY INITIALS, WHILE KOKAC ONLY GIVE IOWA	ship)
3/04 CALLAWAY /TVE.	
A A WIDOWED DIVORCED (specify) N. MAKELD, NEVER MARKIED N. DATE OF SIRJH 9. AGE (in yeors 11 Under 1 Tr., 11 Under 1 Under 1 Under 1 Under 1 Under 1	Under 24 Hrs.
1 /V W MARRIED 5/27/1883 82	
10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
KARAGED EXEC. HODERN STANG NEG BANTIMORE Md. U.S.	4.
13. FATHER'S NAME	
MARTIN CURLANDER HENES CORDES	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
76-32-8707 MAINTE 250 NOW VENT	(SAME
ONSET AN	D DEATH
LEADING TO DEATH	D445
(This does not mean the mode of dying, e.g., DUE TO	
injury or complication which caused death.)	DAME
ANTECEDENT CAUSES (B) DUE TO	D/412
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) CEREBRAL ARTERIOSCIEROSIS 43 T	SAST
UNDERLYING CONDITION last.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER	ED
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	mon)
<u> </u>	
OF INJURY While AI Not While	
	10 /5
	d on the date
23A. SIGNATURE	,
Laviol . Lellio M.D. Attending Med. Stoff Phys. Director Phys. 10/6/	65
23C. PHYSICIANS NAME (Type) 23D. ADDRESS	
DAVID J. GILLIS M.D. MERCY HOSP- BOLTO.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county)	(Stote)
Burial 10/9/1965 Dulaney Valley Memorial Grds. Timonium, Balto	.Co.,Md.
256. FUNERAL/DIRECTOR CO APDRE	T Alex
VS 150-REV. 1/1/65	ALTO 13
	BRITH NO. 65 10334 CERTIFICATE OF DEATH Registered No. 65 10334 Registered



VS 150-REV. 1/1/65



	65 1033	7		ALTIMORE CITY HEAL			65 1	0337
BIRT	H NO.	MEDICA	AL EXA	AMINER'S CE	ERTIFICATE OF D	EATH Register	ed No.	
_	. CASE NO.		TRI					
l. N (Typ	AME OF DECEASED					HOUR PRONOUNCE	D DEAD	
	ELSIE W					er 8, 1965	1	7:35 Am.
3. PI	LACE IN BALTIMORE, MARY	LAND, WHERE	PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If instit	ution: residence b	efore odmission)
FLIL	L NAME OF (IF NOT IN	HOSPITAL O	R INSTITUT	ION, GIVE STREET	Maryland			
HOS	SPITAL OR ADDRESS	OR LOCATION	V)	TOTAL STREET	C. CITY OR TOWN (If outside	corporate limits, write	RURAL ond give	to wn ship)
					Baltimore	/	70	_5
2	Franklin	Square 1	Hospit	al	D. STREET ADDRESS (If rurol,	give location)		
	0				408 S. St	cicker St.		
5. \$	EX 6. RACE			EVER MARRIED VORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days	
£	emale white	WIL	MARK	100	JUNA 9-1908	58 -57	Total Buy s	110013
	USUAL OCCUPATION GIVE	and of work 10B.	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF	-
done	during most of working life, even	if retired)	11/2	Me	md		WHAT COUL	NTRY?
13. F	ATHER'S NAME		1001		14. MOTHER'S MAIDEN NAME			
		1	DOR	N		HOUCK		
	VAS DECEASED EVER IN U.S			6. SOCIAL	17. INFORMANT	1)	ADDRESS	0 0
(Yes,	, no or unknown) (If yes, give w	or or dotes of	service)	SECURITY NO.	Millian HI	hopking	428/	lor ick
	NONO				william or	1 to May	10070	1371170-0
	"330X I			CAUSE	OF DEATH	/	ONSET	AND DEATH
	DISEASE OF CONDI	TION DIRECT	rly	P l.				
	(This does not mean the heart failure, asthenia, etc.		ng, e.g.,		subarachnoid hen			
	heart failure, asthenia, etc. injury or complication which	I meons the coused deoth.	diseose,	rup	tured aneurysm of	vertebral	artery	
	ANTECHNOEN	CALLER						
	ANTECENDENT DISEASES OR CONDITION		GIVING	(B)	· · · · · · · · · · · · · · · · · · ·			,
	RISE TO THE ABOVE CAU	SE (A) STATIN		DOE 10				
z	UNDERLING CONDING	IN LASI.		(C)				
은	11							
CERTIFICATION	OTHER SIGNIFICANT CON							
프	TO THE DEATH BUT		о то тн	E				
ER	19A. DATE OF OPERATION			HICH OPERATION	20A. AUTOPSY? (Yes or No)			RED
	2	WAS PERFORM	VED		Yes	IN CERTIFYING CAUS	ES OF DEATH?	
₹	21 A. EXTERNAL CAUSE WAS		21 B. PL	ACE OF INJURY (e.g., i	n or about 21C. WHERE DID () ffice bldg., INJURY OCCUR?		e exoct location)	
	UTING CAUSE OF DEATH.		etc.)	ionii, iocioty, sieei, o	mee biog., majori occor:			
1	21 D TIME (Month) (Do	yl (Yeor) (1	Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	OF INJURY (APPROX.)		WH	TILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE			
	22.							
	I certify that I hel		. —			s bosis, deoth in m		
	resulted fram: No	tural couses	Ac Ac	cident Sujcide		ndetermined monne	r 🗀	
	ACTUAL	1////	nit		CHIEF MEDICAL EX		DAT	E SIGNED
	SIGNATURE		1141	Un ly M.B.	ASSISTANT MEDICAL EX	AMINER E	ctober 8,	
	EXAMINER'S R	idiger I	Breite	necker, M.D.	ASSOCIATE MEDICAL EX	AMINER	ccoser o,	1703
22.4	NAME (Type)			·	60.00			10: 14
REA	BURIAL CREMATION, 238	DATE	23C.	NAME OF CEMETERY &	CREMATORY 23D. LC	CATION (City,	town, or county)	Ma (Stole)
1	Buest 1	0/14/0	13/	Hon HA	en likem. H	en Plerrie	_ /	10-
24A	DATE REC'D BY HEALTH D	444	& NAME O	FREGISTRAR	24C. FUNERAL DIRECTOR	11 . 1	ADDRESS	5/1/1/
	001 11	1965 R	obert	E. Farbeuma	Thomas &	KONNYINC	1000	belles
VS	151-REV. 1/1/65		9 6	5 0 1	8 8 9 6	1	V - V - 1	



IMPORTANT

DIRECTOR:

FUNERAL

Page : 1 wested SHAJT FARE PRANTING SQUARE HOSPITAL BALTINGS BIS B STRICKER ST Ch. Eshilit Garages N H Assessably ASU CANCLES W. DAKER CHARVES U. C.

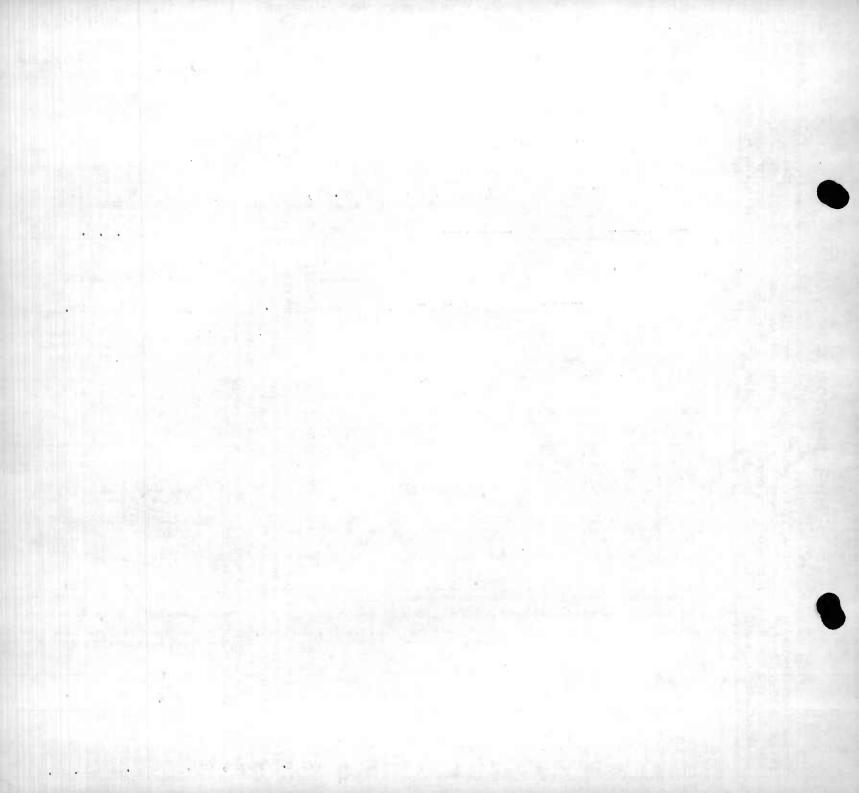
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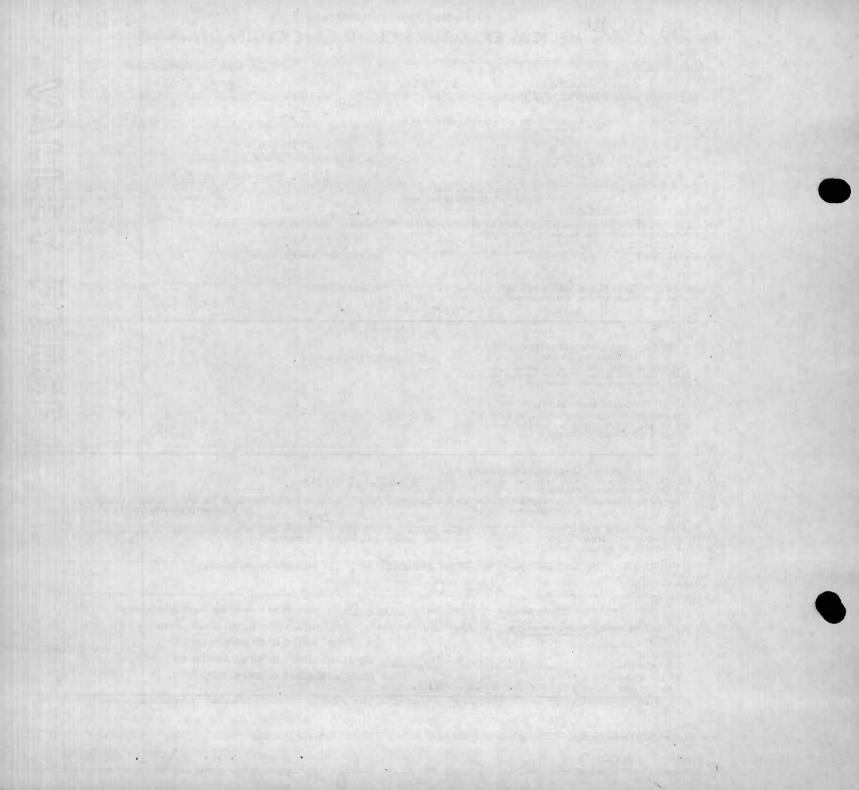
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DIRECTOR:

FUNERAL



BIRT	H NO.		WEDI	CALEX	AMINER 5 C	EKTIFICA	IE OF L	EAIN Registe	ered No	DH KE	
_	CASE NO.										
1. P (Typ	De or Print)		TADING		CONTRED			HOUR PRONOUNC			
			HARLES		SCHULER			ber 6, 1965			P _M .
	LACE IN BALTI					A. STATE	ryland	deceosed lived. If inst B. COL	litution: resi JNTY	dence before o	dmission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS	OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL	nd give townsh	ip)
11/12	ITOTION					Ва	ltimore		1	2	
-7	2 John	ns Hopk:	ins Ho	spital		D. STREET ADI	DRESS (If rurol,	give location)			100
			7/11/					mac Street			
5. \$	EX	6. RACE			NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years lost birthday)		Doys Hours	
1	Male	White	е	Since		lov. 3,	7398	67			
	USUAL OCCU			108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign		12. CITIZ	EN OF	
aone	aterina		ir renred)			Ballin	ore, Man	uland	4.51	/1	
13.1	FATHER'S NAM	E				14. MOTHER'S	MAIDEN NAME	*************************************			
	Antrei	Schul	er			1 ha	ru. Stein	rback.			
	was DECEASED				16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES		
	20		WI	2	12-16-5176	Mrs. A	lice Rei	lly 2828 9	plendo	le Ave.	
	18.	Υ .			CAUS	OF DEATH				INTERVAL BE	
	DISEAS	E OR COND	TION DIE	ECTIV						ONSET AND	DEATH
		LEADING TO	DEATH		(A) Bronch	nopneumon	ia.				
	(This does n heart foilure,	ot meon the osthenia, etc. oplication which	mode of It means	dying, e.g., the discose,	DUE TO	······································	•••••••••	••••••		***************************************	
	injury or com	plication which	h coused d	le oth.)							
	A	NTECENDEN	T CAUSE:	S						Section 1	
		OR CONDITIO			DUE TO		***************************************				*
		G CONDITIO		A IING THE					-		
Z.		D. O. S.			(C)	******************					
Ĭ		()									
0		DEATH BUT				chial Ast	hma.				
TIF		CONDITION			***************************************						
CERTIFICATION	DATE OF		WAS PERF		WHICH OPERATION			OB. IF YES, WERE FI		ATH?	
	21 A. EXTERNAL	CALISE WAS		210	DI ACE OF INTURY (Ye is as about 21.6		f in Boltimore City, gi	ive event le	Ye	. S
MEDICAL	UNDERLYING	OR CONTRIB-		home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJU	RY OCCUR?	in bottlingre City, gi	IVE BAOCI IC	CONON	
1ED	UTING L CAUS	OF DEATH		erc.							
	21D TIME OF INJURY	(Month) (De	oy) (Yeor)	(Hour) 2	TE. INJURY OCCURRED	21 F. F	DENI DE WOL	RY OCCUR?			
	(APPROX.)			m. V	VHILE AT NOT	WHILE					
	22.	t. d. a l. bal	la			(==)	- d al a al *	. I . et al. I al. I a			
		ify that I he			h 1 -			s basis, death In r		n	
	result	red fram: No	itural cau	sesXX A	ccident Suicio			ndetermined mann	er		
	ACTUAL		01		, /-		MEDICAL EX			DATE SIG	NED
	SIGNATI		0	ale) I dly M.D	. ASSISTANT				10/7/65	
	EXAMIN NAME (T	. (Charle	s S. Pe	tty, M.D.	ASSOCIATE	MEDICAL EX	AMINER		10///03	
23 A	BURIAL CREA	71 7	DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LC	CATION (City	, town, or	county) (Stote)
	MOVAL (Specify	-1	0/11/		Baltimore Na		020 10011	Caltinane	Man	uland.	
	Durial	DV UECLEU	0/11/	_		_		2,0000 10700		ADDRESS	
24 F	A. DATE REC'D				OF REGISTRAR		RAL DIRECTOR	0			
	OCT 11	1965	0. 8	18. Fa	Joen M.A.	onn	11. 10 Mai	1, Inc. 3000	C.	lallino	nes;
1/6	161 251 1/1/		W. W. C.		/ 1	0 0 1	0 0				

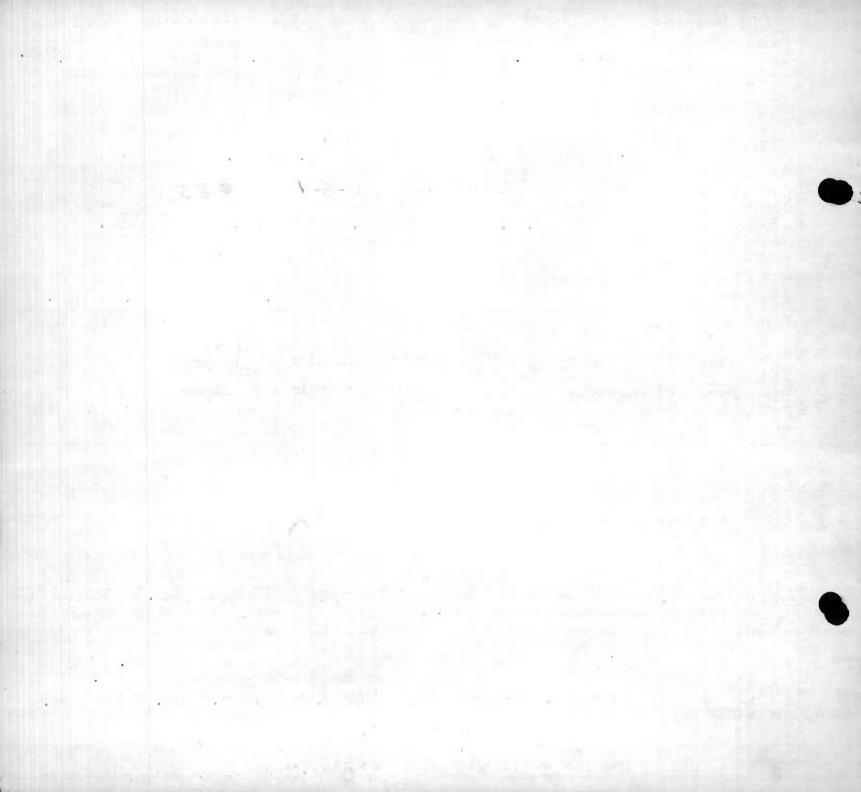


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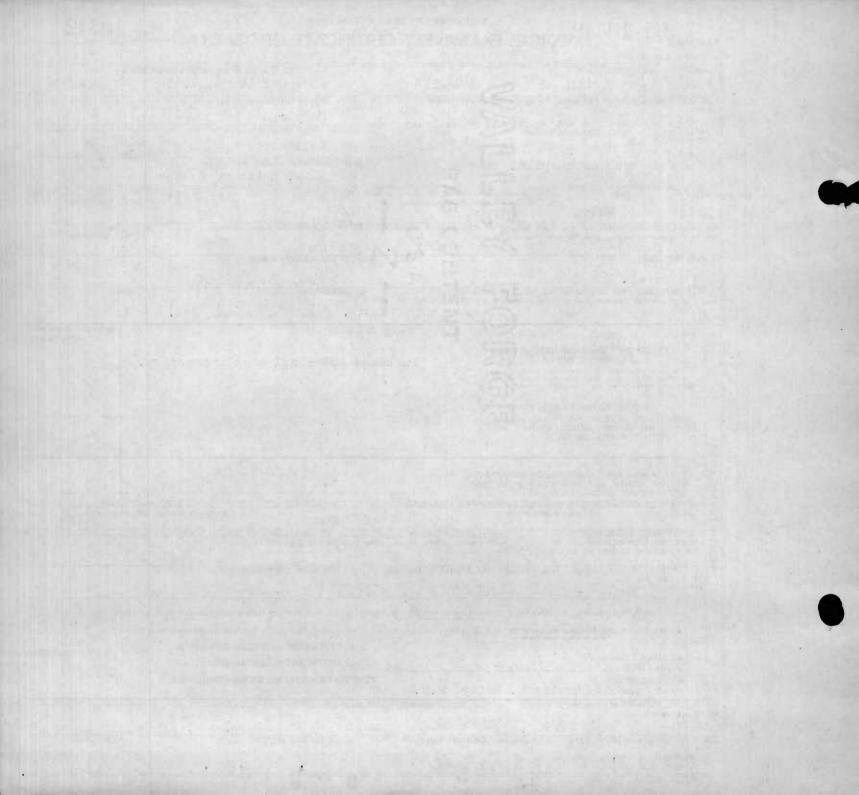
BIRTH NO. M.E. CASE NO.	65 106	CERTIFIC	ATE OF DEATH	Registered No.	5 10341
1. NAME OF DEC (Type or Print)	Price, Mary	E.	2. DATE AN OCT	7 1965	6.10PM
FULL NAME OF HOSPITAL OR INSTITUTION	of the second of	r institution, give sheet	A. STATE 8. COUN Maryland C. CITY OR TOWN (If our Baltimore	side city limits, write R 21218 urol, give lacation)	stitulian; residence befare admissi
5. SEX female		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Never married	8. DATE OF BIRTH 12-25-82	ost bidhday	If Under 1 Yr. If Under 24 H Months Doys Hours Min
dane during mast at	warking life, even if refired)	08, KIND OF BUSINESS OR INDUSTRI C. M. Stieff Piana	Co. Baltinore,	Maryland	12. CITIZEN OF WHAT. COUNTRY?
James P		os? 1 6. SOCIAL	Anna Migan	AE	ADDRESS
Yes, no or unknawn	(II yes, give wor ar dates	af service) SECURITY NO.		Corrigan 40	02 E. 39th St.
18. 4 2	SE OR CONDITION DIRE		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
TO THE D	II FICANT CONDITIONS CO EATH SUT NOT RELAT CONDITION CAUSING IT	TED TO THE			
19A. DATE OF	OPERATION 198 CONE	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DIING CAUSE OF medicol examiner)	21 B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	office bldg., INJURY OCCUR?	(II in Saltimore	City, give exact locotian)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	(Haur) 21E, INJURY OCCURRED While At Not W Wark At Wo		URY OCCUR?	
that (1) (we)	lost sow the deceased	ottended the deceosed from Oct. 7	19 <u>65</u> ond the		to 7 19 19 ion death occurred on the a
234. SIGNATU	IRE . ()	Palie o M.O. A	Attending Med. hys. Director	Stafl Phys.	238 DATE SIGNED Oct. 7 1965
Gra	Cito V.				
23C. PHYSICIA NAME (T	Gracito V.	Patricio M.	23 D. ADDRESS	ne St. Balto	. 21213 Md.
23C. PHYSICIA NAME (T	Gracito V. MATION, 248. DATE Specify 70/11/6	24C, NAME of CEMETERY of C	23D. ADDRESS D. 1400 N. Carolir CREMATORY 24D. LC		• 21213 Md • (State waland ADDRESS



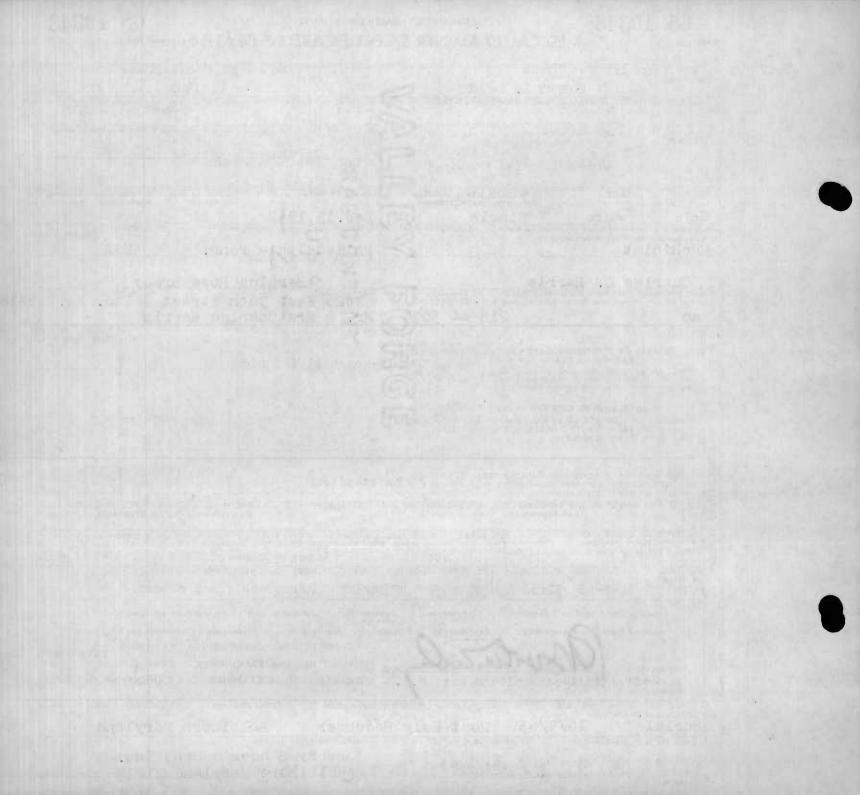
VS 151-REV. 1/1/65

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M-	9	1.6	
1, 1	0		

RTH NO. 65	10342 MED	ICAL EX	CAMINER'S C	ERTIFICAT	E OF D	EATH Registe	5 10342 red No	3
NAME OF DEC					2. DATE AND	HOUR PRONOUNCE		
ype or runti	BRUCE		McDANIEL		Octob	er 6, 1965	9:40) P M.
	TIMORE, MARYLAND, V			I A. STATE	ence (Where d	eceosed lived. If insti B. COU	tution: residence before NTY	e odmission)
JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC.	ATION)	JTION, GIVE STREET		VN (If outside Ltimore	corporate limits, write	RURAL ond give tow	nship)
3 Johns	Hopkins Hosp	pital		D. STREET ADDR	RESS (If rurol,	give locotion) wood Avenue		
SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years	If Under 1 Yr. If Un Months, Days, Ho	
Male	White	Mani	ried	7/20/1	897	68		
one during most of	working life, even if retired)		t Baking (o.	1 10		country)	12. CITIZEN OF WHAT COUNTR	Υ?
0 1	r W. McDanie	1				Sharai		
. WAS DECEASE	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	cillia I	STO RES	ADDRESS	
No 18.	(If yes, give wor or dot	es of service)	unknown	Mrs. Elm	na McDu	riel 34 1%.	Lakewood.	lve
DISEASES RISE TO TH UNDERLYII OTHER SIG	e, osthenio, etc. It meon mplication which coused antecendent cause or conditions, if the above cause (a) some condition last. BUILD ANTECENDENT CONDITIONS DEATH BUT NOT RECORDITION CAUSING CONDITION CAUSING	ES ANY, GIVING STATING THE CONTRIBUTION SCONTRIBUTION SC						
	F OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY		N CERTIFYING CAUS	NDINGS CONSIDERED	No
UNDERLYING UTING CAL 21 D TIME OF INJURY (APPROX.)	AL CAUSE WAS OR CONTRIB- JSE OF DEATH. (Month) (Doy) (Yes	home etc.) m. \language Inquiry	Inspection X Au	in or obout 21C. Woffice bldg., INJURY	occur?		ny opinion	
ACTUA SIGNAT EXAMIN NAME (TURE Charl	es S. Pe	etty, M.D.	CHIEF MI D. ASSISTANT MI ASSOCIATE M	EDICAL EXA EDICAL EXA EDICAL EX	AMINER AMINER AMINER	DATE 10/6/	SIGNED 65
BA. BURIAL CREENOVAL (Specif	10/9/	65		retery	Ba		aryland	(Sidie)
AA. DATE REC'D	1 1965 (P. O.	PR S	OF REGISTRAR	150 100 100	1. Ibrai	n, Inc. 300	ADDRESS O E. Paltim	220 5



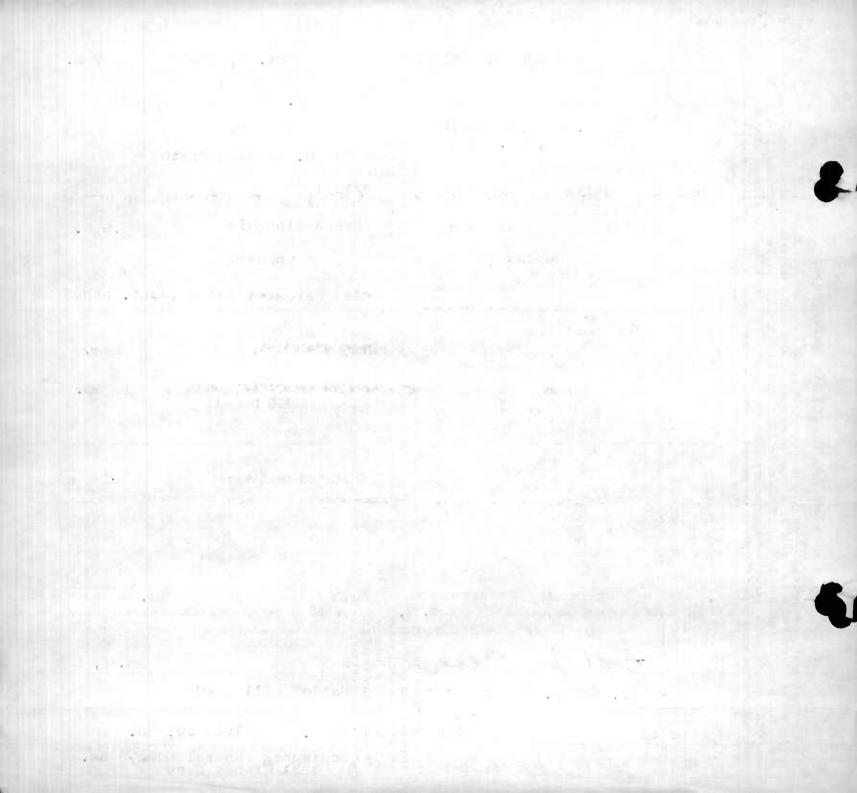
A.E. CASE NO. . NAME OF DECEASED					
NAME OF DECEASED					
Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD				
ROBERT H. HARRIS	October 6, 1965 1:20 A _M				
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY				
	Maryland				
	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
NSTITUTION	706				
Union Memorial Hospital	Baltimore D. STREET ADDRESS (If rurol, give locotion)				
LI G MEMOTIAI HOSPICAL					
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8.	1626 E 30th St. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs				
WIDOWED, DIVORCED(specify)	lost birthdoy) Months, Doys, Hours, Min.				
male white Single I	Dec.13,1947 17				
DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
one during most of working life, even if retired) Machinist	Philadelphia Penn. USA				
R. FATHER'S NAME	MOTHER'S MAIDEN NAME				
Charles C. Marris	Bernice Rose Brady				
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. es, no or unknownly (If yes, give wor or dotes of service) SECURITY NO.	1626 East 30th Street Balto. Md. 21				
no 218 44 5074 1	Mr. & Mrs Charles Harris				
IB. CAUSE O					
E81411000010	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	cerebral injuries				
heart failure, asthenia, etc. It means the disease,					
injury or complication which coused death.)					
ANTECENDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	***************************************				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	••••••••••••••••••••••••••••••••••				
1					
other significant conditions Contributing to the Death but not related to the Acute e	that i em				
TO THE DEATH BUT NOT RELATED TO THE ACUTE E					
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in o	Yes Yes				
	or about 21 C. WHERE DID (If in Boltimore City, give exact location) e bldg., INJURY OCCUR?				
	Intersection of Kirk Ave. and Alameda				
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) 10-6-65 12:55 A WHILE AT NOT WH	ULE KX Auto into fixed object				
TO 00 12.00 Im. WORK AT WOR	K Adeo Into liked object				
22. I certify that I held an Inquiry I Inspection Autop	sy X and that on this basis, death In my opinion				
- Certify that I field all filldary Illspection Autob					
resulted from: Natural causes Accident X Suicide					
resulted from: Natural causes Accident X Suicide	CHIEF MEDICAL EXAMINER				
ACTUAL ACTUAL ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED				
ACTUAL SIGNATURE ACCIDENT X Suicide M.D. A	CHIEF MEDICAL EXAMINER DATE SIGNED				
ACTUAL SIGNATURE Rudiger Breitenecker, M.D. A NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGNED SSISTANT MEDICAL EXAMINER October 6, 1965				
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 3A. BURIAL CREMATION, 238. DATE EMOVAL (Specify) ACCIdent X Suicide M.D. A 23C. NAME of CEMETERY or CEMETERY or CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY.	CHIEF MEDICAL EXAMINER DATE SIGNED SSISTANT MEDICAL EXAMINER COctober 6, 1965				
resulted from: Natural causes Accident X Suicide ACTUAL SIGNATURE EXAMINER'S Rudiger Breitenecker, M.D. A NAME (Type) 3A. BURIAL CREMATION, 123B. DATE 123C. NAME of CEMETERY or CEMETERY OF CEMETERY	CHIEF MEDICAL EXAMINER DATE SIGNED SSISTANT MEDICAL EXAMINER COctober 6, 1965 CREMATORY 23D. LOCATION (City, town, or county) (Stote) Rematory Baltimore Maryland				
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 3A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) ACCIDENT X Suicide M.D. A 23C. NAME of CEMETERY or CEMETERY OF CEM	CHIEF MEDICAL EXAMINER DATE SIGNED SSISTANT MEDICAL EXAMINER COctober 6, 1965 CREMATORY 23D. LOCATION (City, town, or county) (Stote) Deemer Baltimore Maryland 24C. FUNERAL DIRECTOR ADDRESS				
resulted from: Natural causes Accident X Suicide ACTUAL SIGNATURE EXAMINER'S Rudiger Breitenecker, M.D. A NAME (Type) 3A. BURIAL CREMATION, 1238, DATE 123C. NAME of CEMETERY or CHEMOVAL (Specify) Burial 10/9/65 Most Holy Reco	CHIEF MEDICAL EXAMINER DATE SIGNED SSISTANT MEDICAL EXAMINER COctober 6, 1965 CREMATORY 23D. LOCATION (City, town, or county) (Stote) Rematory Baltimore Maryland				
ACTUAL SIGNATURE EXAMINER'S Rudiger Breitenecker, M.D. A NAME (Type) A. BURIAL CREMATION, EMOVAL (Specify) Burial Rudival causes Accident X Suicide M.D. A 23C. NAME of CEMETERY or CEMETERY or CEMETERY or CEMETERY 10/9/65 Most Holy Received	CHIEF MEDICAL EXAMINER DATE SIGNED SSISTANT MEDICAL EXAMINER October 6, 1965 CREMATORY 23D. LOCATION (City, town, or county) (Stote) DATE SIGNED (City, town, or county) (Stote) DEEMER Baltimore Maryland [24C. FUNERAL DIRECTOR ADDRESS				



Hany wound several Hospital 1501 Baldwin St. widow widow 7.10.91 Many land Bring the safe ! Hartha A. Welson Frelam Hospital Chart KIMME STEP IN SECT DIS Diabetes Wellitus OIN Charles Chances in which files

015	1	BALTIMORE CITY HEALTH DEPARTMENT	CE AGG
4-265	0.5	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registere	d No. 00 10345
0 0	Su	1. NAME OF DECEASED (Type or Print) Hilda Adreon 2. Date and Hour of 1 10-7-	DEATH -65 5:15 A.M.
De	<u>-</u>	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ed. If institution: residence before admission)
	to death.	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION (If not in hospital or institution) C. CITY OR TOWN (If not in hospital or institution, give street or continued o	, write RURAL and give township)
2 3	0	D. STREET ADDRESS (If ruro), give local	2/2.30
0 .=	- 4	SouthBaltimore General Hosp. 1036 Patar	sco St.
occurre	ased s mo	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (II) year widowed, DIVORCED (specify) 1-4-1915 50	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ath det	ion	done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
C C C	was the positi	13. FATHER'S NAME	
F + i + i + i + i + i + i + i + i + i +	· · · · · ·	HENRY Sawyer. Emma	ZEIGLER 136 PATAPSCO ST
TAN: istant he di kind;		15. Was Deceased Ever in U.S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)	ADDRESS
ORTAN assistant if the di	E 44		136 /4TAPSCO.3/
IMPORTAN or his assistant Also, if the di	enda d or	18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
IMP In his of a	atte	LEADING TO DEATH (A) Laennee's Cirrhosi	is 11 yrs.
0 4 5	pronounced lar attenda sbalmed or	heart foilure, asthenia, etc. 11 means the disease,	W
0 = = 0	3 E	injury or complication which coused death.) ANTECEDENT CAUSES (B)	
CTC CTC	who reg	DISEASES OR CONDITIONS, if any, giving	
cal exa al exa s; (3) t	E.E.S	rise to the obave cause (A) stating the (C)UNDERLYING CONDITION last.	***************************************
AL medi edic	physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
UNER chief	the phy ysician e the re	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYII	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
F 41 2	e fo	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 27CWHERE DID home, farm, factory, street, office bidg., INJURY OCCUR?	Boltimore City, give exact locotion)
4 ° 2	3 ° ₽	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Ne ho		(APPROX.) While At Work At Work	
	and	22. I certify that (this hospital) attended the deceased from 7-29 1965 to	10-7 1965;
d ot o	be);		ur) opinion deoth occurred on the dote
st be used	ospital death) must be	ond hour and from the causes stoted above. (1) (We) (did) (did not) view the bady ofter deoth.	23B. DATE SIGNED
must eleas ccide	6 0	Mush / Harghalle M.D. Attending Med. Stoff Phys.	10-7-65
0 - 0	D t d	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	10-1-60
certificat sody was vs: (1) An	d prior to	Dr. Hugh J. Hargraye M.D. South Baltimore Genera	1 Hospital
E AC	d d	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. D'ATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
This cert the body shows: (1	was D.O. deceased written a	Burial 10/11/65 Holy Cross Cem. Baltimor 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	e, Md.
This ce	was D. deceas writter	OCT 11 1965 P. J. F. E. JOHN F. DENNY, I	NC. 715 Light St.
01		VS 150-REV. 1/1/65	

HERRY Sunger.



	AME OF DEC	EASED	-				2. DATE A	ND HOUR OF DEATH		
	e or Print)				CONSTANTINE			10-6-65		1:50 P M
FI	ULL NAME O	F (If n	ot in hospital	or institution,	, give street	MARYL	AND	ere deceased lived. If i	nstitution res	idence before odmission)
	OSPITAL OR ISTITUTION		HOPK		SPITAL	C. CITY OR TOW		utside city limits, write	RURAL ond	give township)
3	5	JUNIOS	HOPKI	N 3 110	SPITAL	YORK		rurol, give location)		
5. SI	MALE	6. RACE WHI	TE	WIDOWI	D. NEVER MARRIED ED, DIVORCED (specify) RRIED	8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under Months D	Poys Hours Min.
done	during most of onstruc	working fife,	even if refired)		truction	11. BIRTHPLACE		eign country)	U.S	N OF T COUNTRY?
13. F	ATHERS NAM		nstanti	ne	(*)	14. MOTHER'S M				
5 14					14 505141	17. INFORMANT	RY U	E ANGELO		ADDRESS
Yos.	no or unknown	(If yes, giv	S. Armed Force wor or dote	s of service)	16. SOCIAL SECURITY NO. 213-05-6430		н. С	onstantine-S	-	
	18. 4 3 DISEAS	3, 0	I NDITION DIR	RECTLY	CAUSE O	F DEATH				NTERVAL BETWEEN
	injury or con	asihenia, o nplicatian v ANTECEDE	he made of elc. II means which caused NT CAUSES ITIONS. if	the disease death.)	(B) ARTO	ERIOSCLE DISE	ROTK ASE	CARDIOVASC	VUR	
ATION	DISEASES (Crise In Industrial Ind	aslhenia, andicalian v ANTECEDE DR COND e above G CONDIT	elc. II means which caused NT CAUSES ITIONS, if cause (A) ION last.	the disease death.) any, giving stating the STATED TO T.	(B) ARTO DUE TO					
L CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	ashenia, andication value of the condition of the conditi	elc. II means which caused NT CAUSES ITIONS, if cause (A) ION last. II DNDITIONS CT NOT RELA N CAUSING N USB. CON WAS PERI	the disease death.) any, giving stating the stating the stating the stating to the state of the	(B) ARTO DUE TO	20A. AUTOPSY	? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS C	CONSIDERED EATH?
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MEDICAL CERTIFICATION	DISEASES (Inise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.) 22. I certify that (I) (was)	ashenia, and ashenia, and ashenia, and an ashenia, and an ashenia and an ashenia and an ashenia and as	NT CAUSES ITIONS, if cause (A) ION last. II ON DITIONS C T NOT RELA CAUSING I N 198. CON WAS PERI NDERLYING AUSE OF comine) (Doy) (Year)	any, giving stating the disease death.) ONTRIBUTINATED TO T. OHTON FORMED (Hour) 21 WW. attended addive on.	B. PLACE OF INJURY (e.g., inme, form, foclory, street, or, form) E. INJURY OCCURRED While At	20A. AUTOPSY n or obout 21 C. Wh ffice bldg., INJURY 21 F. HO	Yes or N SHERE DID OCCUR? W DID IN	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CAUSES OF DI	exoct locotion)
MEDICAL CERTIFICATION	DISEASES (rise la lihunderLYIN() OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDEOR CONTRIBLE OF INJURY (APPROX.) 22. I certify that (I) (w) and haur and 23A. SIGNATU	ashenia, aplication v ANTECEDE OR CONDI e above G CONDIT IFICANT CO EATH BU CONDITION OPERATIO (Month) that (1) (+ last saw d from the IRE	INT CAUSES ITIONS, if cause (A) ION last. IDNDITIONS C T NOT RELA N CAUSING I N 198. CON WAS PERI NOTERLYING AUSE OF cominer) (Doy) (Yeor)	any, giving stating the disease death.) ONTRIBUTINATED TO T. OHTON FORMED (Hour) 21 WW. attended addive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., inme, form, foctory, street, oc.) E. INJURY OCCURRED While At Not Whith the deceased from (I) (We) (did) (1.1.1.1.1)	20 A. AUTOPSY n or obout 21 C. Wh ffice bldg., INJURY 21 F. HO 21 F. AD 22 J. ADDRESS	? (Yes or N S HERE DID OCCUR? W DID IN. and the death. ed., rector	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CAUSES OF DI	exoci locotion) 19 65 occurred on the date
MEDICAL CERTIFICATION	DISEASES (rise la lihunderLYIN() OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDEOR CONTRIBLE OF INJURY (APPROX.) 22. I certify that (I) (w) and haur and 23A. SIGNATU	ashenia, aplication vi ANTECEDE OR CONDITION OF CONDITION OPERATION (Month) that (1) († 1 ast saw d from the IRE	INT CAUSES ITIONS, if cause (A) ION last. IDNDITIONS C T NOT RELA N CAUSING I N 198. CON WAS PERI NOTERLYING AUSE OF cominer) (Doy) (Yeor)	the disease death.) any, giving stating the stating t	WHICH OPERATION B. PLACE OF INJURY (e.g., inme, form, foctory, street, oc.) E. INJURY OCCURRED While At Not Whith the deceased from (I) (We) (did) (1.1.1.1.1)	20A. AUTOPSY In or obout 21C. We ffice bidg., INJURY 21F. HO 21F. HO	Y (Yes or N) HERE DID OCCUR? W DID IN. and the death. ed. rector	O) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimor) JURY OCCUR? 19 25 to hat in (my) () opi	FINDINGS CAUSES OF DI TE City, give 23B. DATE 10 23B. DATE 10 23B. DATE	exact locotion) 19 occurred on the date SIGNED / 6 /65 PORC county) (State)

imore,

10°

NEW YEAR STREET Product of True Linguis Cortuin American aroun months and married

Beathard infarotors

23C. NAME of CEMETERY of CREMATORY

PETACH TIKVAH

24B, NAME OF REGISTRAR

23D. LOCATION

24C. FUNERAL DIRECTOR

SOL LEVINSON

(City, town, or county)

& BROS.INC.6010 REISTERSTOWN RD

ADDRESS

ROSEDALE, MARYLAND

(Stote)



23A. BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

REMOV BURTAL

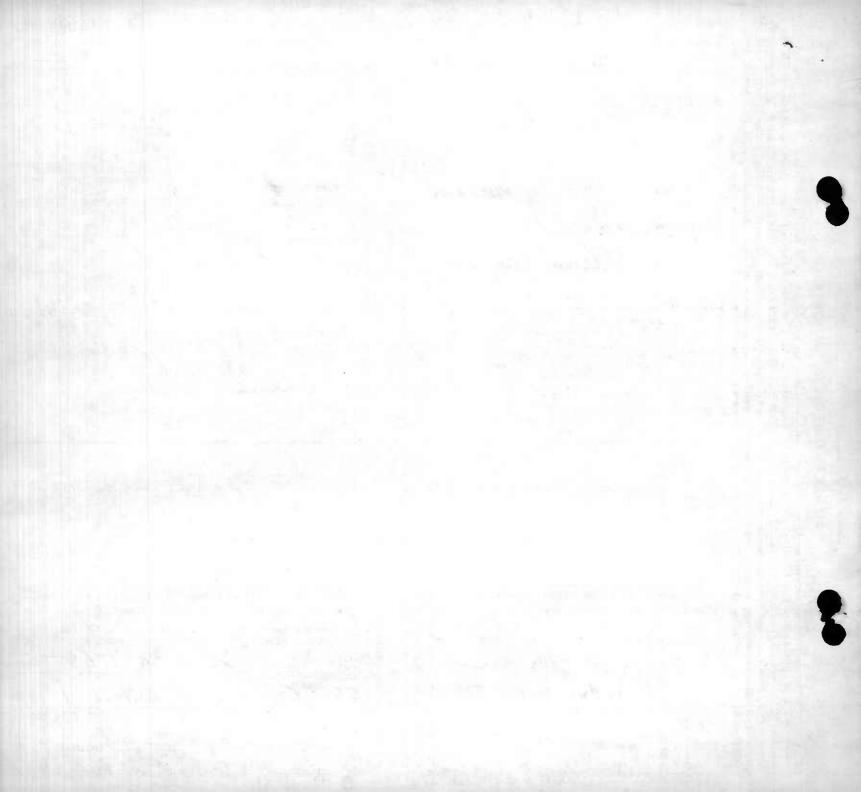
VS 151-REV. 1/1/65

23B. DATE

10/8/65

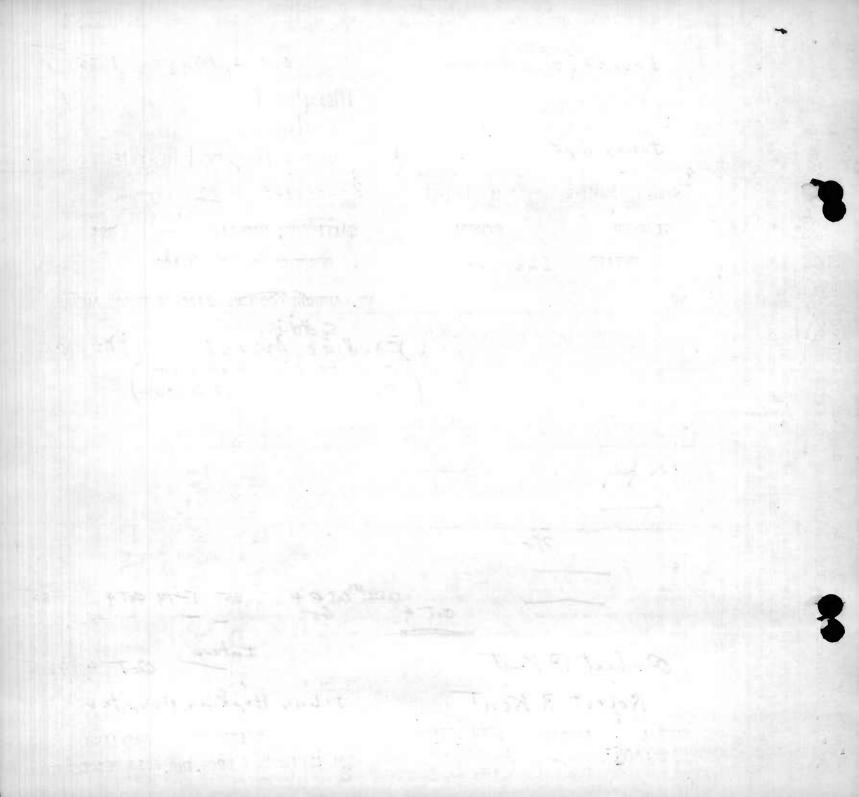
are the out of the consequent live.

1. 1-	13/		BALTIMORE CITY HEALTH DEPARTMENT
W.	-5705	BIRT	H NO. 65 10351 CERTIFICATE OF DEATH Registered No. 65 10351
	and ased the the Suci	M.E	AME OF DECEASED 2, DATE AND HOUR OF DEATH 1 1 2 2 2 2 2 2 2 2
	T () ()		or Print) Walder & Jesse W 10-7-65 8:44
	of d of d Dece on of d	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND
	hospital use of c (5) Dece ance or death.		A, STATE B, COUNTY
	hos Jse (5) an de	F	ULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	a hos cause ise; (5) endan	- 11	OSPITAL OR STITUTION SINAL HOSP OF C. CITY OR TOWN (If outside city limits, write RURAL and give township) SINAL HOSP OF
		. 1	D. SYDEST ADDRESS. Ill. and declared
	T.= L.	14	BALTIMORE 3501 8t. Paul 8t #18
	contribut contribut etermined n regular sceased p	5. S	MAKE 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 8. Months Ooys Min. Months Ooys Min.
	re r	11	USUAL OCCUPATION (Give kind of work 100, Kind of
		done	during most of working life, even if retired) WHAT COUNTRY?
	90E 4 ±	133.	BUYER HOCHSCHILD KOHN BOLTO, MARYLAND US A
	rect (4) Ur was the	30	
=	dir.		WILLIAM WALDORF AMANDA HAAS
4	8 9 8 0 -	Yes	
Ħ	the the kir de de nce		no or unknown) (If yes, give wor or doles of service) SECURITY NO. HARV (M. WALEN 5356 Carriage)
IMPORTAN	if any ced ndan		18. 4 2 2 1 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
A P	E 0 + E 0 D	10	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=			(This does not meon the made of dying, e.g., DUE TO (A) Clarke Review Guller Sary A
ö	iner. A racture pronogular at		heart failure, asthenio, etc. II moons the disease,
OR:	E C D D E		ANTECEDENT CAUSES (B) Carelia Jailine
5	T L L	K	DUE TO A
IRE	3) A		rise to the obove cause (A) stating the (C) ASCVD
10	la si		UNDERLYING CONDITION last.
- 4	nedical edical ourns; hysicia n was	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Z Z		ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FUNER	a m cody he p	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2	ch BB th th		2 now
II.	the (2) ere of of efor	C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	No Pe	CA	OEATH (notify medical examiner) WO etc.)
	d by ture ture ture (6) N	MEDI	21D. TIME IMonth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	9 5 8 0 - 1	2	(APPROX) While At Work At Work
	the Iny nexce		22. I certify that (I) (this hospital) attended the deceased from $8-2-$ 19 5 to $8-2-$ 19 5 .
	an a		that (1) (we) last saw the deceased alive an 8-7-65 DC and that in (my) (our) opinion death occurred an the date
	b to lead		and haur and from the causes stated obove. (1) (We) ((did)) (did not) view the bady after death.
	ust be a cased to dent of ospital death) must b		23A. SIGNATURE
	de d	0	M.D. Attending Med. Stoff Ad S-7-19-
	E O O O O		23C. PHYSICIANTS 23D. ADDRESS
	An a An a prior	L	NAME (Type)
		244	
	This certif the body shows: (1) was D.O.A deceased written ap	1	REAJOVAL (Specily)
	ws:	0.5	BURIAL 10/10/65 HEBREW FRIENDSHIP BALTIMORE MD
	This certhe bocshows: was D. deceas	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
	-+ u > 0 >		DCT 11 1965 P. D. R. E. For Dung . Dot Devensor & Dros St. (0010 Reishistown &
		Α2	30-REV. 171703



VS 150-REV. 1/1/65

TAN WATER OF BRIDE - Elladory ham - OV22A CUTALLETT BOTTERIO 10 25 GE 10 T. ISS Leson dale H channel Horse and B. William ABWULL HTUR



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BALTIMORE CITY HEALTH DEPARTMENT

of death

or contributing cause

IMPORTANT

FUNERAL DIRECTOR:

hospital

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VS 150-REV. 1/1/65

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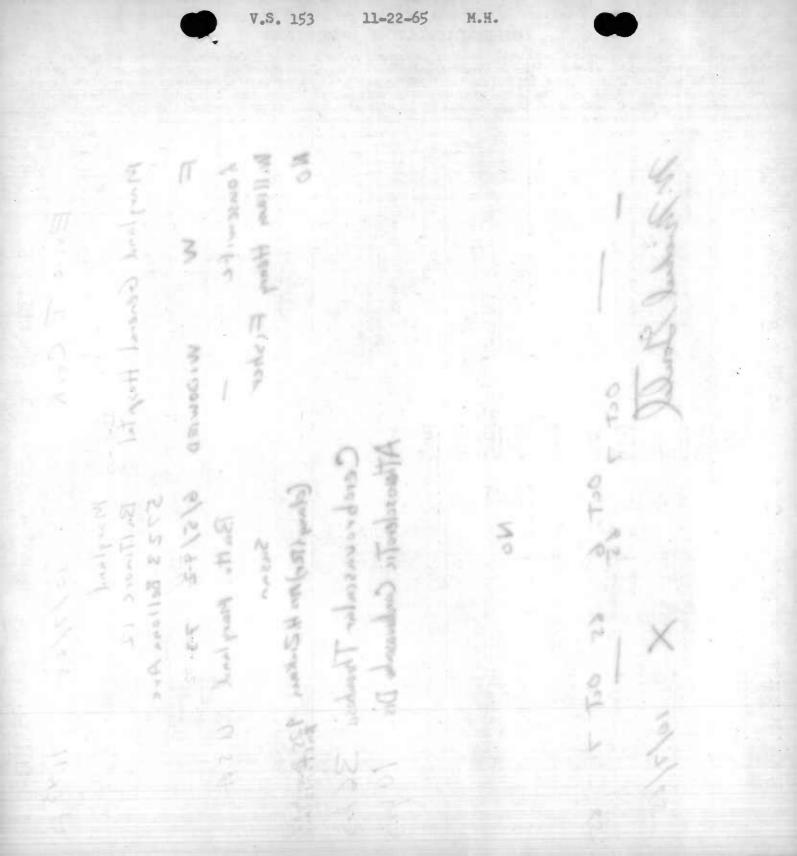
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	OF ADO	BALTIMORE C	IIT HEALTH DEPARTMENT		0= 100
BIRTH NO.	65 103	CERTIFIC	ATE OF DEATH	Registered No.	65 10358
M.E. CASE NO.				ND HOUR OF DEATH	
(Type or Print)	0.4.	10.0.40.0.0	2.0/10 /		- 113-0
3. PLACE OF D	EATH IN BALTIMORE MA	OOD MAN	14. USUAL RESIDENCE (Wh	t 6 1968	stilution: residence before odmission
			A. STATE B. COU	NTY	12.01
FULL NAME	OF (If not in hospital	or institution, give street	MARYLAN	D	/ Sallo
HOSPITAL OF	R oddress or locotio	on)	C. CITY OR TOWN (If o	utside city limits, write P	RURAL and give township)
SINAL	HACRITAL	OF BALTIMORE,	BALTIMON D. STREET ADDRESS (II	RE	5300
3/13/11	14001111111	OF ISMAILMORE		f rurol, give location)	٨
40			2005 PL	YMOUTH	Rd
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
MALE	WHITE	WIDOWED, DIVORCED (specify)	9/30/15	lost birthdoy) 50	Within S Doy's Hoors Willi.
OA. USUAL OC		108 KIND OF BUSINESS OR INDUS			12. CITIZEN OF
	ol working life, even if retired)	BETTER BUSINES			WHAT COUNTRY?
EXECT		FORM!	MARYLAND	DALTIMORE	UNITED STATES
3. FATHER'S N.	AME	1.010113	14. MOTHER'S MAIDEN NA	AME	
HEN	RY GOOD	n er m	HELEN HEC	HT	
5. Was Deceos	ed Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
NO	will yes, give wor or doll		Mein	0	
		> E CAUSE	OF DEATH	GOODMAN	SMME
18 3 3	3/X1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY W			
/Th:- 4	LEADING TO DEATH	O T IAI	CEREBRAL W	EMORRINAC	[36]
heart failure	not meon the mode of e, asthenia, elc. 11 means	s the disease,			
	amplication which caused				
	ANTECEDENT CAUSES		**************************************		
DISEASES	OR CONDITIONS, if	any, giving			
rise la	the above cause (A)	slaling the			
UNDERLYII	NG CONDITION lost.	· II Nº			
~	11	CONTRIBUTING E			
	NIFICANT CONDITIONS (DEATH BUT NOT REL	COM MINO MINO			
DISEASE O	R CONDITION CAUSING	IT.			
19A. DATE	OF OPERATION 198. CON	NOTION FOR WHICH OPERATION	20A. AUTOPST? Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
			44		
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct location)
DEATH (not	ify medical examiner	etc.)	,		
O 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not \	While 🖂		- 1
(APPROX.)		Work L AI W	ork		011
22. I certif	y that (1) Othis hospito	I) ottended the deceased from	00 5	19 6510	JON 6 19 65
that (1) Pw	e) last saw the decease	ed alive an Oct 6	19 65 and 1	hat in(my) (our) only	nian death occurred an the do
	A // A				an ine do
/ 1/ 2		ated above (1) We (did) (did no	t) view the bady after death.	,	
23A. 1GR A	()	1	Attending - Ata-	Staff -	23B. DATE SIGNED
u	Lan Vano	M.D.	Attending Med. Phys. Director	Staff Phys.	(1016, 1965
23C. PHYSIC NAME	IAN'S (Type)		23D. ADDRESS		
AI	LAN LAN	M	.o. SINAI	HOSPITA	91
24A. BURIAL CI	REMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D		ty, town, or county) (State)
REMOVAL		- 7	1/7		toloie)
BUR	IAC 10/8/6	5 PALTIMORE	HE DEEN	PARTIMOLE	MARYLAND
25A. PATE REC	DEBY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
0013	1300 Olober	DE Tarbeira	1 38/ 9/ FULLY	W+ Ben. Ti	U. (0010 KEKTEDSlowe)
/5 150 DEV/ 1/	1/65	<u> </u>	CL IIIV		TO DISCOURT

C	h5 10 тн но.	CERTIFICA	TE OF DEATH	Registered No	1000
	LE CASE NO. NAME OF DECEASED			AND HOUR OF DEATH	1 -6.0008
(Typ	Pe or Print) ANTHONY EDWAR	D ZIELINSKI			
3. F	PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (W	here deceased lived. If	10:40 F
	FULL NAME OF (If not in hospital a	er institution, give street	Md.	JAH	1608
1	HOSPITAL OR oddress or focotion) INSTITUTION	t manietion, give sheet	C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
-	1	musica Tramidal	Baltim		
1	US Public Health Se		D. STREET ADDRESS	liendale St.	
-	Wyman Pk. Drive & 31				
2. 2	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	Months Doys Hours
163	A. USUAL OCCUPATION (Give kind of work)	Single	3/5/97	68	
	ne during most of working life, even if retired)	TOR KIND OF BUSINESS OR INDUSTRI		steign country)	12. CITIZEN OF WHAT COUNTRY?
	AB seaman	Seafarer	NJ		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	TEAT	u A
	John Zielinski		Ethel Dro		ANOWSKA.
	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dotes		17. INFORMANT		ADDRESS FIELD -JERSEY &
	Yes USN WW 1	212-14-9766	Records- US	PHS Hospita	al, Balto, Md.
	18. 137XI		DE DEATH	-	INTERVAL BETWEE
	DISEASE OR CONDITION DIRE				
	LEADING TO DEATH (This does not meen the made of		chexia		MOS
	heart failure, asthenia, etc. It means	lhe disease,			13 (3)
	injuly at complication which coused	deom./	enocarcinoma of	f head of pa	ncreas MOS
	ANTECEDENT CAUSES	DUE TO	**************************************	*************************	
	DISEASES OR CONDITIONS, if a rise to the above cause (A)				
	UNDERLYING CONDITION lost.	***************************************			
z	11				
ATION	TO THE DEATH BUT NOT RELAT	TED TO THE	1monower omboles		DAYS
ICA	19A. DATE OF OPERATION 19B. COND	THON FOR WHICH OPERATION	1monary embolus	No) 20B. IF YES, WERE	E FINDINGS CONSIDERED
ERTIFIC	WAS PERFO	DRMED	yes	IN CERTIFYING C	AUSES OF DEATH?
O	21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimo	ore City, give exact location)
CAL	DEATH (notify medical examiner)	home, form, foctory, street, o	mee olagi, INJURT OCCUR?		
MEDIC	21D. TIME (Month) (Doy) (Year)		21 F. HOW DID II	NJURY OCCUR?	
Z	OF INJURY (APPROX.)	While At Not Whi	le		
	22 1		June 16	19 65 to Oc	+ 7
	22. I certify that (!)/(this hospital) that ()/ (we) last saw the deceased	oriended the deceased from	10 65	19 65 to Oc	et. 7
	(y) (we) lost saw the deceased	1 dilve an	and	that in/(why) (our) ap	pinion death accurred on t
	and haur and from the causes state	d above. (1) (We) (did) (d/d/n/6)	riew the bady after deat	h.	
	250. SIGNATURE) 0 O M.D. Att	ending - Med -	Stoff Fee	23B. DATE SIGNED
	James M. V	Phy	ending Med. Director	Stoff Phys. X	10/7/65
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	James M. Weaver, Med	dical Director M.D.	US PHS Hosp	ital, Balto,	Md.
24A	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR			City, town, or county) (
1	Burial 10-11-6	5 Holy name	- Cem.	ersey Cit	ty n. 2.
- (A. DATE REC'D BY HEALTH DEPT.	25B NAME OF REGISTRAR	ISC. FUNERAL DIRECT	OR J	ADDRESS
2SA	Dritte Heed Dr Hemelli Delli	ESSI ITAITE OF REGISTRAR	TOOL TO THE OTHER	- N	ADDKESS
25 A		8 9 Fanting ()	o Wmo astu	Mikanahi	Barto md. 2

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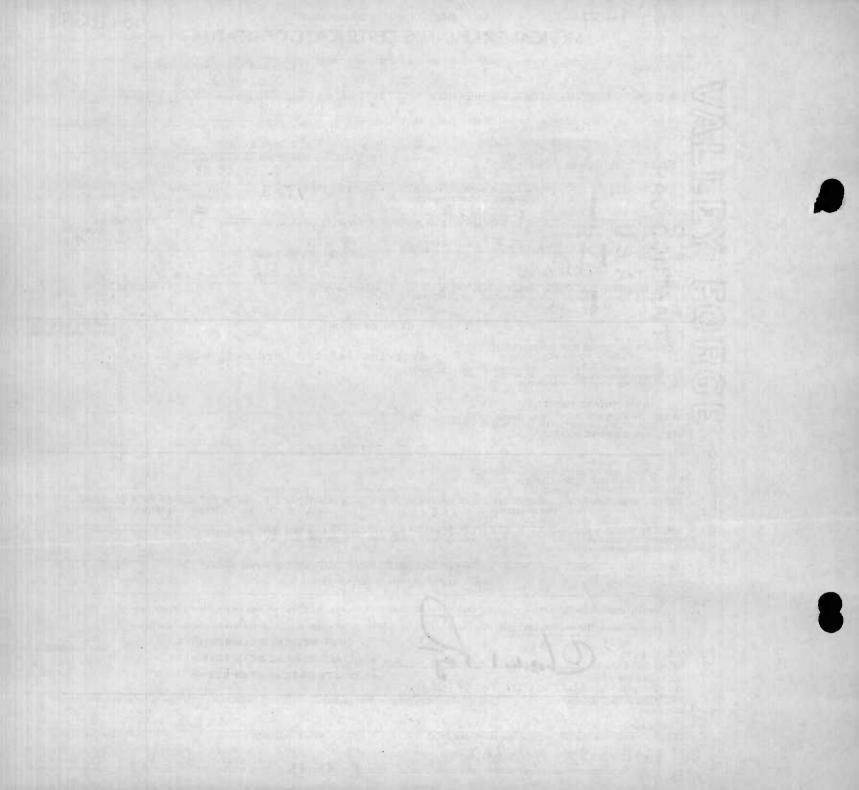
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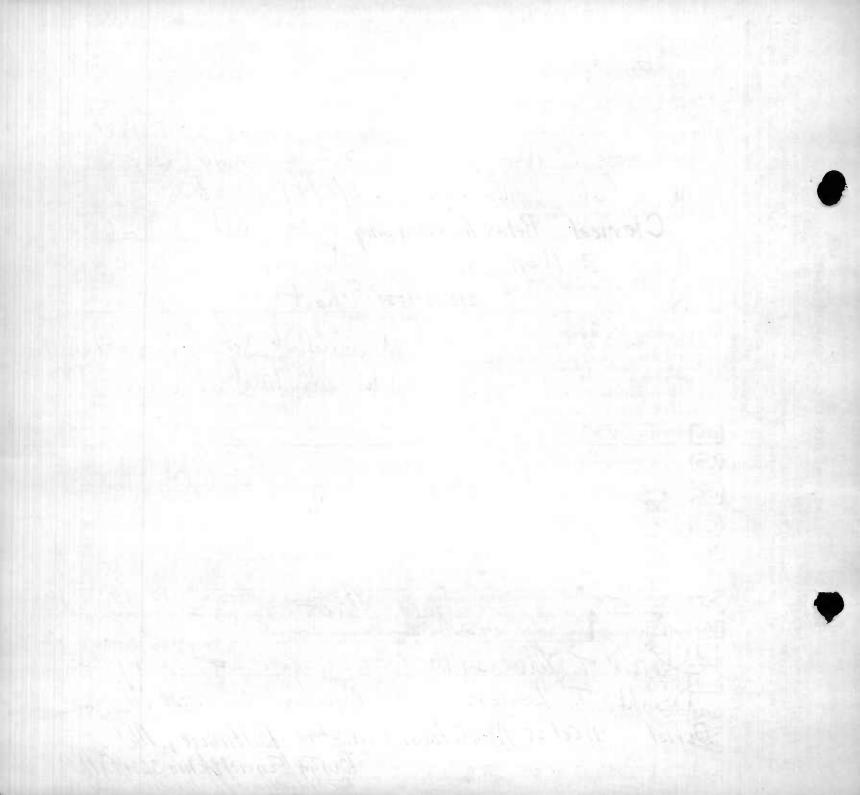


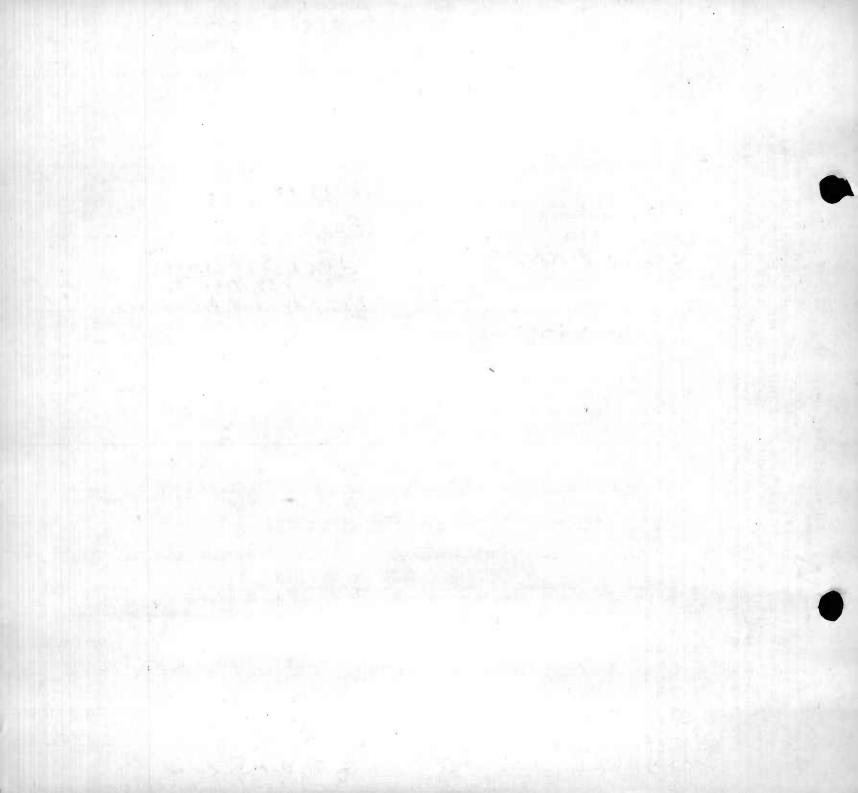
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BIRT	H NO.	MEI	DICAL EXA	AMINER'S C	ERTIFICA	ATE OF D	EATH Registered N	a
M.E	CASE NO.							
1. N	e or Print)	CEASED			No. of London		HOUR PRONOUNCED DE	
.,,,,	0 01 111111	ADA	B.	JOHNSON		Octo	ber 7, 1965	12:15 P M.
3. P	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	IA CTATE		eceosed lived. If institution: B. COUNTY	residence before odmission)
FUI	L NAME OF	(IF NOT IN HOSE	TAL OR INSTITUT	ON. GIVE STREET		Maryland	12 1. 1. 1. 1. 1. 1. 1.	
HO!	PITAL OR	ADDRESS OR LO	CATION)		C. CITY OR	TOWN (It outside	corporate limits, write RURA	L ond give township)
1143	1					Baltimore	10	70.5
Franklin Square Hospital					D. STREET A	DDRESS (If rurol,		
W		Dquar				1018 W. P	ratt Street	
5. S	EX	6. RACE		EVER MARRIED	B. DATE OF B	IRTH 1783	9. AGE (In years If U	Inder 1 Yr. If Under 24 Hrs.
1	emale	White	WIDO WED, DI	VORCED (specify)	U. hom	I mun	# £2?	ims Days Thours With.
		UPATION (Give kind of w	ORK TOB. KIND OF	BUSINESS OR INDUSTRY	III. BIRTHPLA	CE, (State or foreign	country) (12, C	CITIZEN OF
		working life, even if retired	i) 2 -	1 01	-711	1	y	VHAT COUNTRY?
1	Hause		at	aone	mo	La		ייאי,
13. F	ATHER'S NAM	NE O I . J			14. MOTHER'S	MAIDEN NAME	1 2/100	
	C. 750	a ground	ser		mar	1 year	Laver	
		ED EYER IN U.S. ARM		6. SOCIAL SECURITY NO.	17. INFORM	17/	ADD	PRESS Jenoneum Met
(163	2012	11 703, give wor or a	-		60	10.T	4026 7	Po.
-	18.			CALLET	OF DEATH	e verna	200 1000.12	INTERVAL BETWEEN
	42	211		CAUSE	OF DEATH			ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		Anton	incoloro	tio Cardi	ovascular Dise	200
	(This does	not meen the mode		(A) ALLEL	rosciero	CIC Caldi	Ovascular Disc	abc •
	heort foilure	e, osthenio, etc. It med implication which couse	ons the diseose,	501.10				
		ANTECENDENT CAL		(B)			**********************	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
	UNDERLYING CONDITION LAST.							
O				(0)				
A	OTHER SIG	II INIFICANT CONDITION	CONTRIBITING	3				
2	TO THE	DEATH BUT NOT	RELATED TO TH					
ERTIFICATION		F OPERATION 198, C		HICH OPERATION	20A AUTÓ	DSV2 (Ves et Ne)	20B. IF YES, WERE FINDING	CONSIDERED
CEI	IYA. DATE O		ERFORMED	HICH OFERATION	204. 4010		N CERTIFYING CAUSES OF	
	OLA EXTERNA	AL CAUSE WAS	DIP BI	ACE OF INITIDY IS S	in as about 21.0		f in Boltimore City, give exc	act location)
U	UNDERLYING	OR CONTRIB-	home,	form, foctory, street,	office bldg., INJ	URY OCCUR?	i iii solilinote City, give exc	oci iocononi
	UTING L CAL	JSE OF DEATH.	etc.)		ALEXA DE			
Σ	21 D TIME	(Month) (Doy) (Y	eor) (Hour) 211	. INJURY OCCUPRED	21 F	HOW DID INJU	RY OCCUR?	
	(APPROX.)		WI	HILE AT NOT	WHILE			
-	22.		m. W	<u></u>		1.1		
	I ce	rtify that I held an	Inquiry	Inspection X Au	topsy 🗀		s basis, deoth in my ap	inian
	resu	Ited fram: Natural	causes X Ac	cident Suicid	le Hon	nicide U	ndetermined manner	
		1	/		CHIEF	MEDICAL EX	AMINER	DATE SIGNED
	SIGNAT		lachel	V'cery M.D	ASSISTANT	MEDICAL EX	AMINER 🗵	
	EXAMI		reces !	0	•	E MEDICAL EX		10/7/65
	NAME	(Type) Char	les S. Pe	tty, M.D.				
23A	BURIAL CR	EMATION, 23B. DATE	23C.	NAME OF CEMETERY	or CREMATORY	23 D. LC	CATION (City, town,	, or county) (Stote)
REA	AUVAL (Speci	The inter	100 0	velous B.	al for	4	The built	· hal
244	DATE REC'E	BY HEALTH DEPT.	24B, NAME O	F REGISTRAD	24C. FIII	NERAL DIRECTOR	1 / Surpurpur	ADDRESS
24,5	OOT 4		4 40	n and	240. 701	A O	1 1	2
	UCI 1	1 1965 R.C.	is a star	brother.	Jelin	I towar	· Son , Jue : 90	1 Hellis It
VS	151-REV. 1/1				10 7	5		(23)

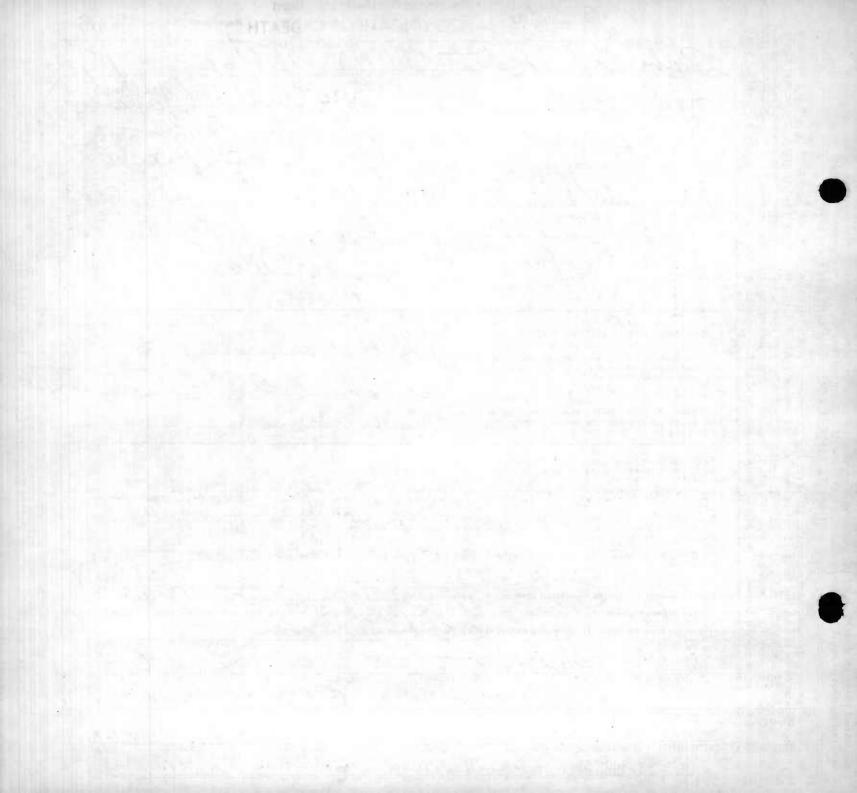


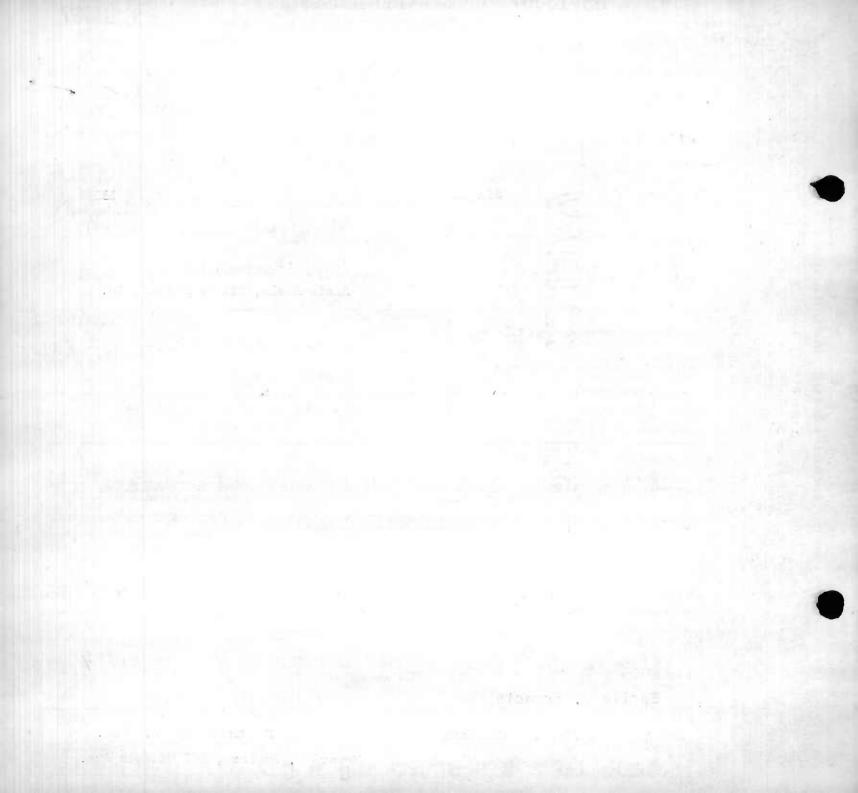




and

BALTIMORE CIT	Y HEALTH DEPARTMENT	
M.E. CASE NO.	ATE OF DEATH Registered Na	5 19366
1. NAME OF DECEASED M. D. L. T. C. D. L. C. D. L	2. DATE AND HOUR OF DEATH	, 25 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USWAL RESIDENCE Where decrosed lived. If ins	titulian residence before admission
	A. STATEL 224 B. COUNTY	nothers
HOSPITAL OF (If not in hospital or institution, give street Hospital of the address explosion)	C. CITY ON TOWN III outside city limits, write R	ORAL ond give township)
The state of the state of	- mite mil	26-36
31 ()	O. STREET ADDRESS (If rural, give locotion)	1:41
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH / 9. AGE (In yours	mull 1
WIDOWED, DIVORCED (specify) (Hever Machieu	10/1/65 10gr olynddy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTH LACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
inform more	Trello Mid	4.54
13. FATHER S/NAME	14. MOTHER'S MAIDEN NAME	1. 11
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	recht
(Yes, no or unknown) (If yes, give wor of dates of service)	Ma	ADDRESS
T8. 2 CAUSE C	DE DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 / 0	ONSET AND DEATH
LEADING TO DEATH	al queline	E /
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		-11
injury or camplication which caused death.) ANTECEDENT CAUSES (B)	reno / writer	Concernatal
DISEASES OR CONDITIONS, if ony, giving		
rise Ia the above couse (A) stating the (C)	······································	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-	
19A. DATE OF OBERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B, IF YES, WERE F	INDINGS CONSIDERED
10/6/6 WAS PERFORMED CATORONS	partial IN CERTIFYING CAL	SES OF PEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (s.g., OR CONTRIBUTING CAUSE OF home, form, foctory, stylet,	in or blout 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
O DEATH (notify medical example) etc.)	n	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not Wh	21F. HOW DID INTURY OCCUR?	
Work At Work		1
22. I certify that (I) (this hospital) attended the deceased fram.		19 6 5
that (I) (we) last saw the deceased alive an		tion death occurred an the date
and haur and from the causes stated abave. (1) (We) (aid) (did nat)	view the body after death.	23B. DATE SIGNED
M.D. AI	stending Med. Stoft	18/0/1
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	100/8/65
NAME (Type)	nagge Home	(mills.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 240 LOCATION CH	YNOWX XI county) (State)
Burial 10/9/65 Holy Rosary	(Baltimore N	laryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 11 1965 Robert & Faileger	M.F. SADOWSKI & SONS, 1	808 EASTERN AVE
VS 150-REV. 1/1/65		



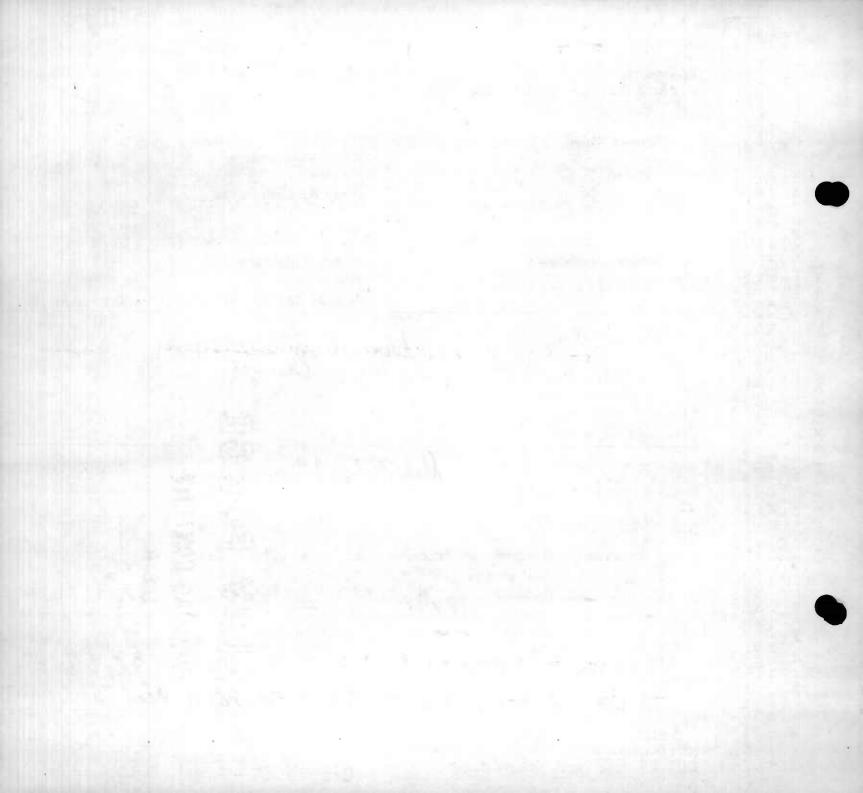


65 10368 Registered No. BIRTH NO. CERTIFICATE OF DEATH and of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) uo Jessie Walden Oct. 7, 1965 hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance B. COUNTY A. STATE Harford Gardens Nursing Home (2) (If not in hospital or institution, give street cause FULL NAME OF Md C. CITY OR TOWN cause; attend INSTITUTION 0 Baltimore prior Harford Roadd D. STREET ADDRESS (If rurol, give location) contributing Hamilton Avenue occurred etermined disposition is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years eceased WIDOWED, DIVORCED (specify) lost birthdoy Female White Widowed May 8. 1874 16A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death 2 done during most of working life, even if retired) Dud Eden, Vermont Housewife Home M ds 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (4) Lester Boomhower direc Nancy Collins IMPORTANT assistant eath uo 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) or final SECURITY NO. attendance any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY SO. med of LEADING TO DEATH Fracture (This does not mean the mode of dying, e.g., embal heart lailure, asthenia, etc. It means the disease, 10 DIRECTOR: injury at complication which caused death.) regu ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. medical SD M medical 11 FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. chief 20 A. AUTOPSY? (Yes or No) 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION ō WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (2) where hospital °Z DEATH (notify medical examiner) nature; approved by MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (9) OF INJURY (except While At Not While (APPROX.) At Work Work and any 22. I certify that (1) (this hospital) ottended the deceased from 19/15 that (1) (we) lost sow the deceased alive on. death) o hospital and hour and from the couses stated obave. (1) (We) (wild hat) view the body ofter death. must accident 23A, SIGNATURE Attending Stoff M.D. 0 Director Phy s. pprovai o 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type Nd 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased O o REMOVAL (Specify) written shows: Burial Oct. 9/65 Parkwood Cemeterv Balto. Md. SD 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DERT. A Lassahh Fineral Home 7401

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) (If outside city limits, write RURAL and give township) 4700 HARFORD If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Robert Walden 411 Strafford Ave Wayne, Pa. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 1965 ...ond that in (my) (apr) opinion death accurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS

Belair Rd.



IMPORTAN

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

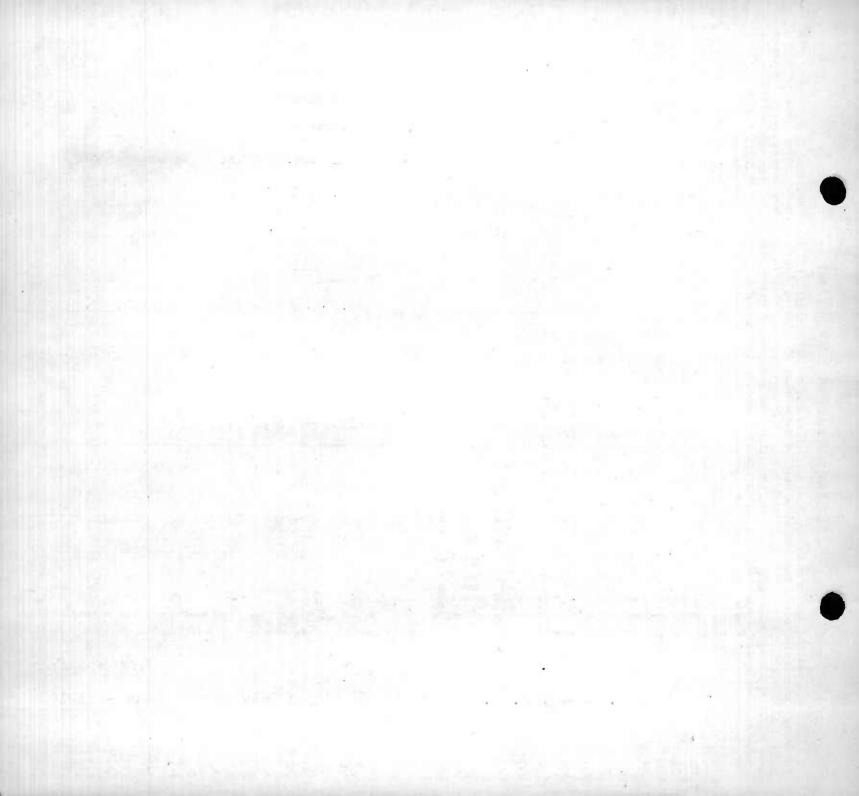
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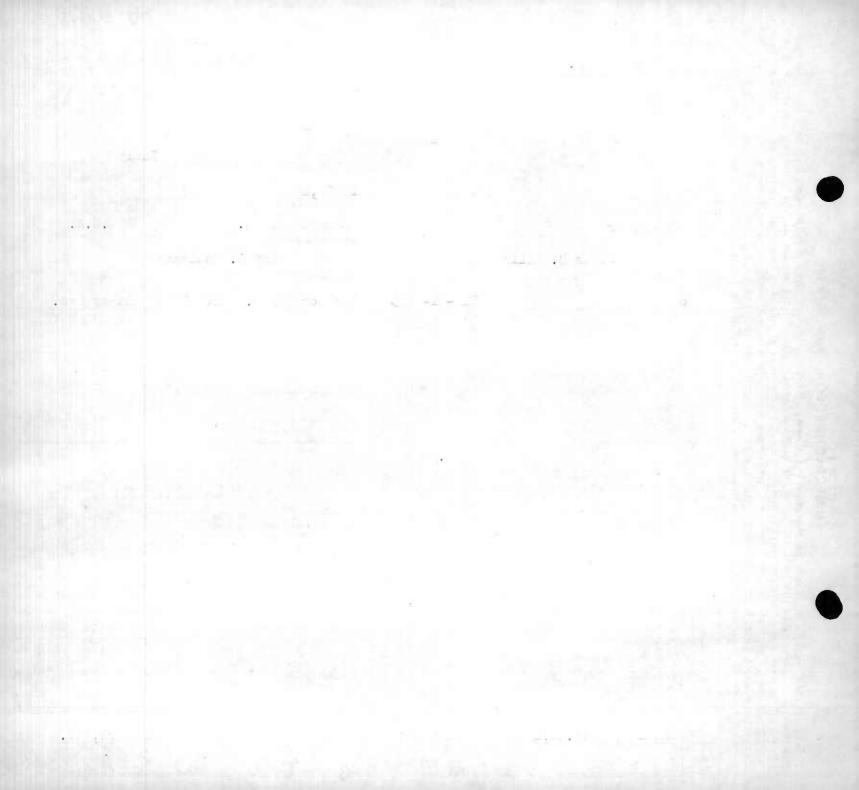
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INTERVAL BETWEEN

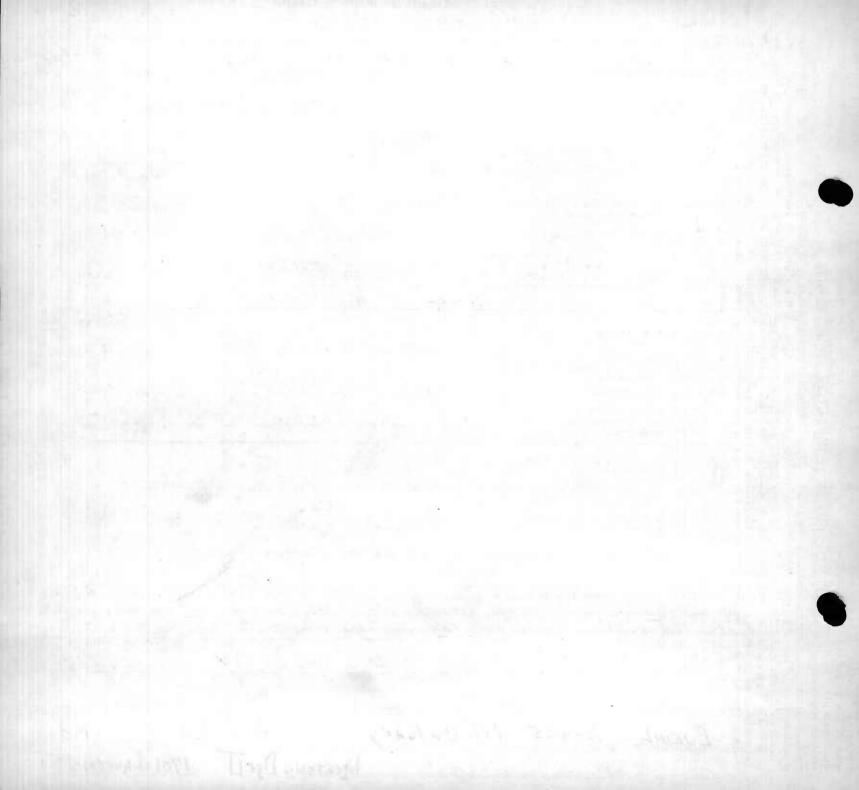
ONSET AND DEATH

WHAT COUNTRY?





			400770	BALTIMORE CITY	Y HEALTH DEPARTMENT		C5 1927) L
BIRT	TH NO. 58 - 3	3071065	Thole	CERTIFICA	TE OF DEATH	Registered N	. 65 1037	
M.F	L CASE NO.	***					P.14	
I. N	AME OF DECEA	ASED	-		2. DATE	AND HOUR OF DEAT	IH ALL	10
. 7 1	JA	CKSON	DAR	LENE 1	ALBERTA 10/6	165	9:5	
3. F	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO	uele deceased itaed.	institution: residence bef	ore odmission
							1/-00	
- 1	FULL NAME OF	(If not in hospital	or institution, gi	ve street	MARYLA		10 01)
1	HOSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN (II	outsido city limits, wri	to RURAL and give town:	hip)
1	8				22 A 1 T 133 1	FC 1-		
2	0				D. STREET ADDRESS	(If rural, give lacation)		
1	INLITER	SITY	14050	~ . 1 /				
					1039 mo	V/V/	STREET	
. S	SEX 6	RACE	7. MARRIED, I	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hou	Under 24 Hrs.
-/	5/11 AL /=	NEGRO	510	CIE	13: 15 50	6.11 BC		
OA	USUAL OCCUP	ATION (Give kind of wor	108, KIND OF	BUSINESS OR INDUSTRY	13 14. 1958 11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF	
don	e during most of we	orking life, even if retired)				g	WHAT COUNT	lY?
1	11110				MAITUIAL	10	V. S. A.	
13.	FATHER'S NAME				111 ATT C/LAA	NAME	1 - 0 - 1 -	
				7 1				
E	BELIEVE	D to 68 -	IAMES	WoodlANI	17. INFORMANT	LA J	ACKSON	
15.	Wos Deceased E	ver in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS	
Yes	s.no or unknown) (If yes, give wor or dote						
1	10	-		NONE	nioTHE1	2	SAME ADD	RESS
	1B. 7	/ AT			F DEATH		INTERVAL	BETWEEN
	DISEASE	OR CONDITION DI	PECTLY				ONSET AN	DEATH
		EADING TO DEATH	LCILI	COL	10	DET DICE	act + - 1	1 110 12
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		sthenia, etc. It means		502 10				
	injury or comp	licalian which caused	death.)	· That	200, - 10.0	11.00		
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	DISEASES OF	CONDITIONS		HTIW		DISEAS	6	
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ATION	DISEASE OR C	ONDITION CAUSING	T.					
ERTIFIC	19A. DATE OF	OPERATION 198. CON	ECHAMED		20A. AUTOPSY? (Yes or	No. 208, IF YES, WE	RE FINDINGS CONSIDER CAUSES OF DEATH?	D
E	2 -	WAS PER	J	NONE	YES		_	
5	21A. ACCIDENT	WAS UNDERLYING	218.1	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltin	nore City, give exact loca	tion)
	OR CONTRIBUT	ING CAUSE OF	homo	, form, foctory, stroet, o	office bldg., INJURY OCCUR			
3	DEAIN (notify n	medical examiner)	otc.)					
5		Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
ž	OF INJURY		While	e At Not Whi	le 🗀			
	(APPROX.)		Work	At Work		5:05 Pm)		
	22. I certify t	hat (1) (this hospita	l) attended the	e deceased from O	TOBEIC GIR	19 65 to C	CTOBER 6"	19 65
	AL (1) () 1	and the second	1 1	CTOREME				
	Ithat (I) (we)	ast saw the decease	ed alive on	CTOBUC 6	17and	that in (my) (our)	opinion death accurre	on the da
		for the course store	ted above. (1)	(We) (did) (did not)	view the body after deat	h.		
		from the causes sta						
							23 B. DATE SIGNED	
	and hour and		10 /	1	tending	Stoll &	23 B. DATE SIGNED	
	and hour and		Ruhas	1	dending Med.	Staff Phys.	10/6/6	5
	and hour and 23A. SIGNATURE	E. Knie	Rubos	6 2 M.D. All	lending Med. ys. Director 23D. ADDRESS	Stoff Phys.	1 1	5
	and hour and	E. Knie	Rubos	ker M.D. AH	ys. Director	Stoff Phys.	1 1	5
	and hour and 23A. SIGNATURE	E. Knie	Rubos bocker	ker M.D. All	23D. ADDRESS UNIVERSI	Stoff Phys.	1 1	5
44	23A. SIGNATURI 23C. PHYSICIAN NAME (Typ Donald A. BURIAL CREM	E. Knicker	Rubos bocker	ker M.D. AH	23D. ADDRESS UNIVERSI	Stoff Phys. X	1 1	(Stote)
1.4	and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ) Donald	E. Knicker	Rubos bocker	ker M.D. All	23D. ADDRESS UNIVERSI	ry Hos	1 1	(Stote)
1	and hour and 23A. SIGNATURI 23C. PHYSICIAN NAME (Typ Donald A. BURIAL CREM REMOVAL (Sp BURIAL	E. Knicker ATION, 248 DATE ecify) /0-9-6	Rubos bocker 5 4	MD M.D. AII ME of CEMETERY of CR	23D. ADDRESS UNIVERSI LEMATORY 24D	TY HOS LOCATION A.A.Co	10/6/6. PITAL (City, town, or county)	d.
1	and hour and 23A. SIGNATURI 23C. PHYSICIAN NAME (Typ Donald A. BURIAL CREM REMOVAL (Sp BURIAL A. DATE REC'D B	E. Knicker	Rubos bocker	MD M.D. AII ME of CEMETERY of CR	23D. ADDRESS UNIVERSI	TY HOS LOCATION A.A.Co	10/6/6. PITAL (City, town, or county) ADDRE	d·
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254	and hour and 23A. SIGNATURI 23C. PHYSICIAN NAME (Typ Donald A. BURIAL CREM REMOVAL (Sp BURIAL	E. Knicker ATION, 248. DATE ecity) 10-9-6 BY HEALTH DEPT. 1965 R.O.	Rubos bocker 5 4	MD M.D. AII ME of CEMETERY of CR	23D. ADDRESS UNIVERSI LEMATORY 24D	A. A. Co	10/6/6. PITAL (City, town, or county)	d·



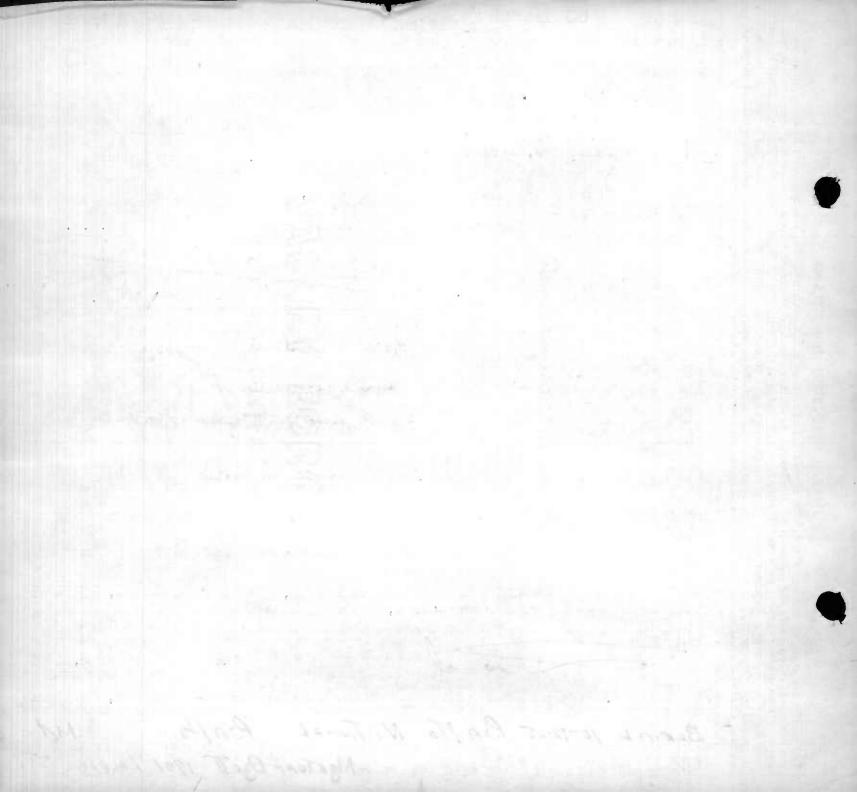
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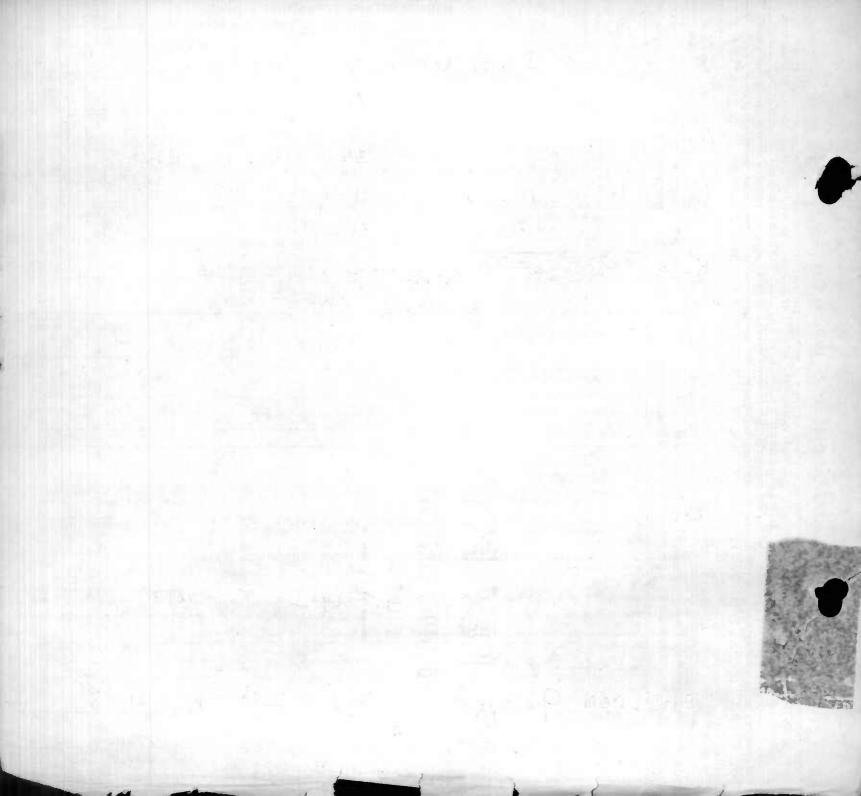
CE AC	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 10373			
BIRTH NO. 65 10	CERTIFICA	ATE OF DEATH	Registered No	170 120010			
A.E. CASE NO. NAME OF DECEASED Type or Print) TAME	S ARMSTR	ONG 2. DATE AN	8 · 1965	111.45			
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where	e deceased lived. If int	litution: residence before odmi			
	institution, give street	Maryland		1000			
HOSPITAL OR oddress or tocotion) INSTITUTION		C. CITY OR TOWN (If out		URAL and give townskip)			
I wtheran Hosp	· of Maryland	D. CORRES ADDRESS. (III. and a land)					
110			dst. Ba	eterore 18			
SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)		9. AGE (In years last birthday) 47 4.	If Under 1 Yr. If Under 24 Months Doys Hours N			
DA. USUAL OCCUPATION (Give kind of work 10 one during most of working lile, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?			
Aneker	TransporTATION	N.C.		4,5A.			
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE				
HIBERT Arms	TRONG	DONA A	I'MSTro.	29			
es,no ar unknown) (II yes, give war or doles o	? 16. SOCIAL	17. INFORMANT		ADDRESS			
, , , , , , , , , , , , , , , , , , , ,	245-09-6194	Mrs. Jerusha Ar	MSTrong =	201 E 2354 5			
18. 44 9 0 . 11	CAUSE	OF DEATH	7.07.	INTERVAL BETWEEN			
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LEADING TO DEATH	(A) C	ardiac Wi	len	00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease,							
injury or complication which caused de	eath.)			Metal Salla			
ANTECEDENT CAUSES							
rise to the above cause (A) st	r, giving lating the (C)	yolardial v	ufarchor				
UNDERLYING CONDITION last.		0					
OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.		Ann.					
	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact tocotion)			
21D. TIME (Manth) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY (APPROX.)	White At Not Wh						
22. I certify that (I) (this hospital)		A	965 10114	Pm 10.8 196			
that (I) (we) lost sow the deceased				nion deoth occurred on th			
and hour and from the couses stated							
23A. SIGNATURE)	The body offer double		238, DATE SIGNED			
F. Cilibou		ttending Med.	Stoff Phys.	10.9.65			
23C. PHYSICIAN'S NAME (Type) FADHIL	ABBONSY M.D	23 D. ADDRESS	ran Hosp	utel.			
4A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF C		OCATION (Cit	ly, lown, or county) (S			
BURIAL 10-13-65	- MT. CALVARY	1 A	A. Co.	Md.			
25A. DATE REC'D BY HEALTH DEPT.	5B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	0 .	ADDRESS			
	Sail San Standard . I have a fine at	A AM PORNIS JA	114011	ITHI LAURCE			

LAURENS

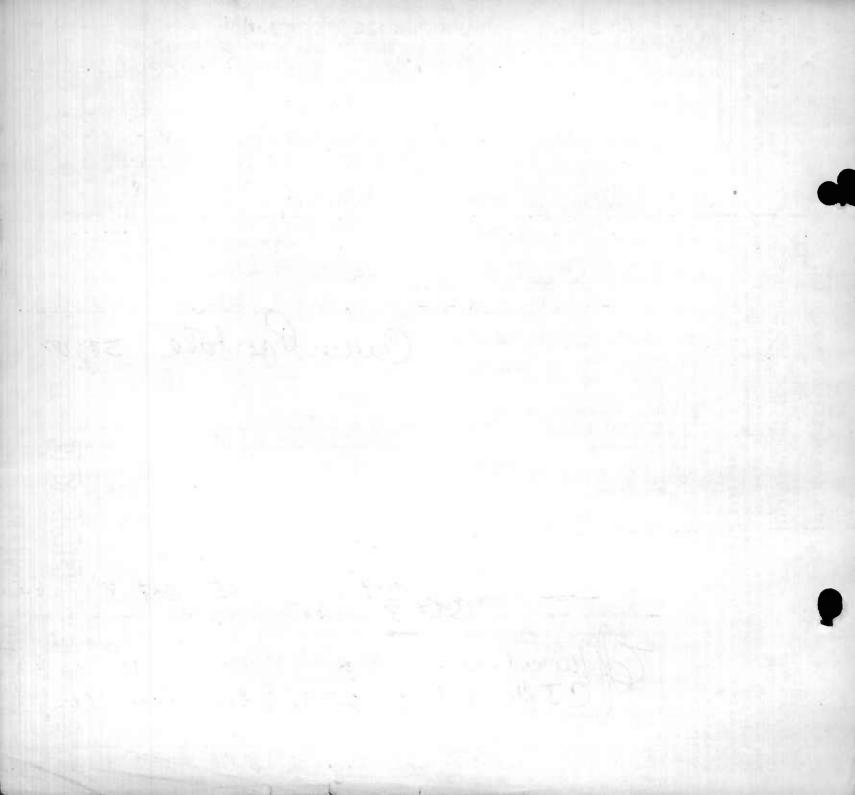
When Asmerson David Armsir The top of the Lands Santonia of the top of

BIRTH	ino. 65 1037	/ (1	TE OF DEATH Registered	No. 65 10374				
	CASE NO.	CERTITION		****				
	ME OF DECEASED		2. DATE AND HOUR OF DE					
2 81	James Russ	ell White	October 8,]	L965 9:25 a				
). PL	ACE OF DEATH IN BALTIMORE, MARILANI		A. STATE B. COUNTY	A A residence before damissing				
FU	JLL NAME OF (II not in hospital or instit	ution, grve street	Maryland	17-03				
H	OSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)				
114	TIOVIDENCE NO	_	Baltimore					
1	q 1514 Divisio	n Street	D. STREET ADDRESS (If rurol, give location)					
5	Baltimore, M	laryland 21217	647 W. Lafayette Avenue					
. SE		RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr				
		DOWED, DIVORCED (specify)	lost birthday)	Months Doys Hours Min.				
	Vale Negro	Married		12. CITIZEN OF				
	during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Title Bikini EACE (Side of loreign country)	WHAT COUNTRY?				
		Laborer	Delaware	U.S.A.				
3. F	ATHERS NAME		14. MOTHER'S MAIDEN NAME					
	Unknown	117.22	Unknown	455277				
	os Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
		218-05-3998	Stephen Deshields-cous	sin 1919 W. Lanvale				
1	B. 4 - C4 (2) 1 1	CAUSE	OF DEATH	INTERVAL BETWEEN				
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING OTHE Inlation	cholonic refusion [20A.AUTOPSY? (Yes or Not) 20B. IF YES. W	Q				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
0 2	21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY le.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Bolt office bldg., INJURY OCCUR?	timore City, give exact lacation)				
0 2	21D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
2	APPROX)	While At Not Wh						
	Work L. AT Work L.							
	22. I certify that (I) (this hospital) attended the deceased from September 10, 1965 to October 8, 1965							
	that (I) (we) last saw the deceased alive an October 8, and that in (my) (aur) apinion death accurred on the data and haur and from the causes stated above. (I) (We) (did) (dld nat) view the body after death.							
	3A. SIGNATURE	// //	Transition body after deather	23B, DATE SIGNED				
		// M.D. At	tending Med. Stolf					
	Phys. Director Phys. A Director Phys.							
2	23C.PHYSICIAN'S NAME (Type)							
	A. Riguad	M.D	1514 Division Street-Ba	altimore, Maryland				
24A.	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY or CI		(City, town, or county) (State)				
-	REMOVAL (Specify)	BaH. 11	atual Ball	had				
1	JURIAL 16-12-60	10 H 110. IV.	1110~11 1211/40	· Ma.				
2SA,	The state of the s	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
-	JUT 11 1965 A D. A.S.	STARWAY GO	Nhactory Drell 13	701 LAURENS ST				
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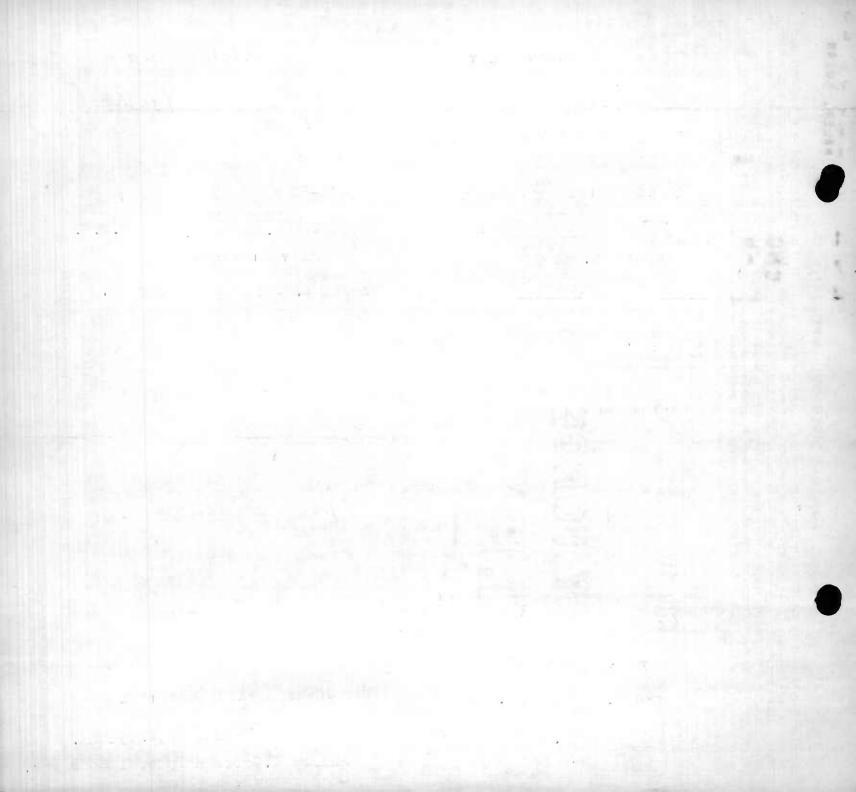


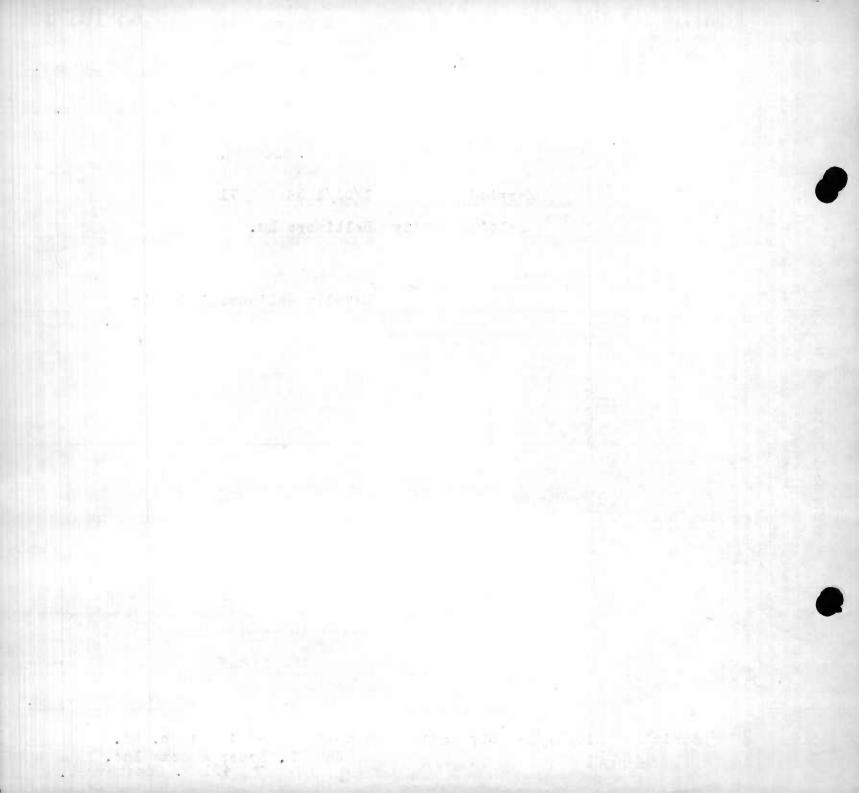


BALTIMORE CITY HEALTH DEPARTMENT



á	N 400	8187	Cheverajeo, int		TE OF DEATH	Registered Na	65 10377
**	f death eceased on the h. Such	M.E	AME OF DECEASED	LKIIICA	2. DATE AN	D HOUR OF DEATH	
3 40	- 0 0 d	Пур	or Print) SUSAN MALEY		la /	0/6/65	6 pm. M.
300	Sp. Co.		ULL NAME OF (If not in hospitot or institution, give stre	et	MARYLAND	TY (stitution: residence before admission)
IACET S	l in a horning cause cause; (5) attendan ior to de		THE JOHNS HOPKINS HOSPIT			ruiol, give location)	UKAL ond give township)
	9 - 7 - 0 0				RT 1 M		
6	occurre ontribut ermine regular regular is made	5. \$	FEMALE WHITE SINGLE USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE	RCED (specify)	8-31-60	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
142	death Undet as in dec	don	oduring most of working life, even if retired) None None None	d:	Prince neverly Co. Management	e George arvland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
3	= 36 3t 8		Thomas M. Maley		MARY NI		
	sistan the d kinds deatl nce or	15. (Yes		CURITY NO.	nonas M. Mal	ey Taneyto	wn Md.
	is as fany fany anda		18. 204,31 DISEASE OR CONDITION DIRECTLY	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
	0 4 5 5 9 5		LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO	SMONAS SEPT	TICEMIA	2 DAXS
Ġ	fractu o pro gular	ĸ	injury or camplicotion which coused death.) ANTECEDENT CAUSES	(B) LEU	KEMIA , AC	UTE	2 YEARS
	lexan exam (3) A f n who in reg		DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.				
	- U E U U	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	chief chief day the p	CERTIFICA	194. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED
	== > = 2	7.0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE home, form, etc.)	OF INJURY (e.g., in foctory, street, offi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimore	City, give exact facation)
	hospito nature; ept who d (6) No ained b	MEDIC		Not White At Work	21F. HOW DID INJ	URY OCCUR?	
•	a appro of any of any al (exc th); an		22. I certify that W (this haspital) attended the dece that W (we) last saw the deceased alive an	70BE X	6 19 65 and th		OCT 19 65,
	ust be eased ident hospir hospir a deat		23A. SIGNATURE	(0.0) (0.0) (1	ow the body error decim		23B. DATE SIGNED
	US DO DE	1	Joseph M. almand, Jr	M.D. Alten	ding Med.	Stoff Phys.	October 6, 1965
	Elona		23C. PHYSICIANS NAME (Type)	2:	D. ADDRESS		
	certificate sody was tys: (1) An a D.O.A. at assed prior	1	JOSEPH M. ALMAND JR.	M.D.	THE JOHNS HOL	PKINS HOSP	ITAL
	Po d d	244	BURIAL CREMATION, 248. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREA			ly, town, or county) (State)
	vs: (vs: 0.00 p.00 p.00 p.00 p.00 p.00 p.00 p.0			ill Ceme	tery H	agerstown.	Maryland.
	This cert the body shows: (I was D.O decease	25A	. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS	TRAR	25C. FUNERAL DIRECTO	- 6-6 TO	ADDRESS
	ドキャッショ	-	00122 .00- 019000 -1	Wey MA			eral Home Inc.
		VS	150-REV. 1/1/65		Onagers tow	n, maryland	

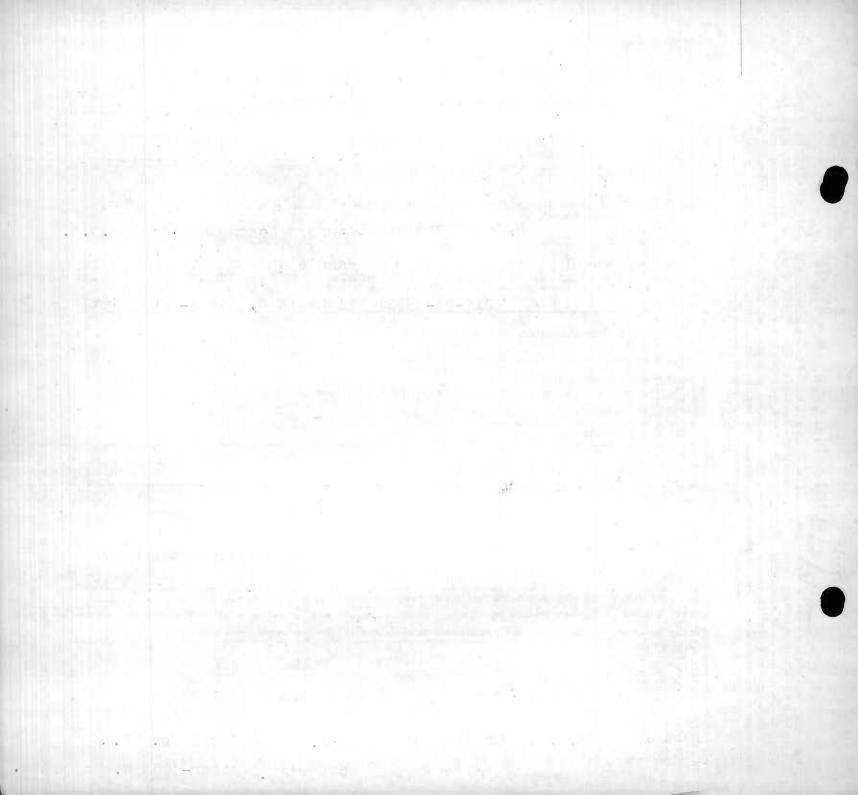




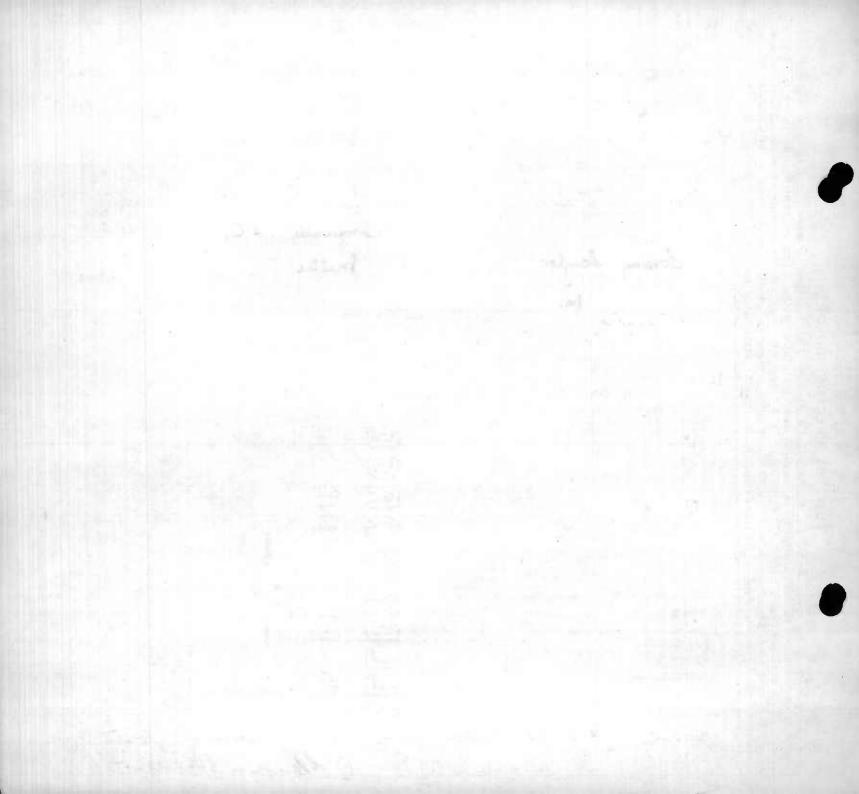
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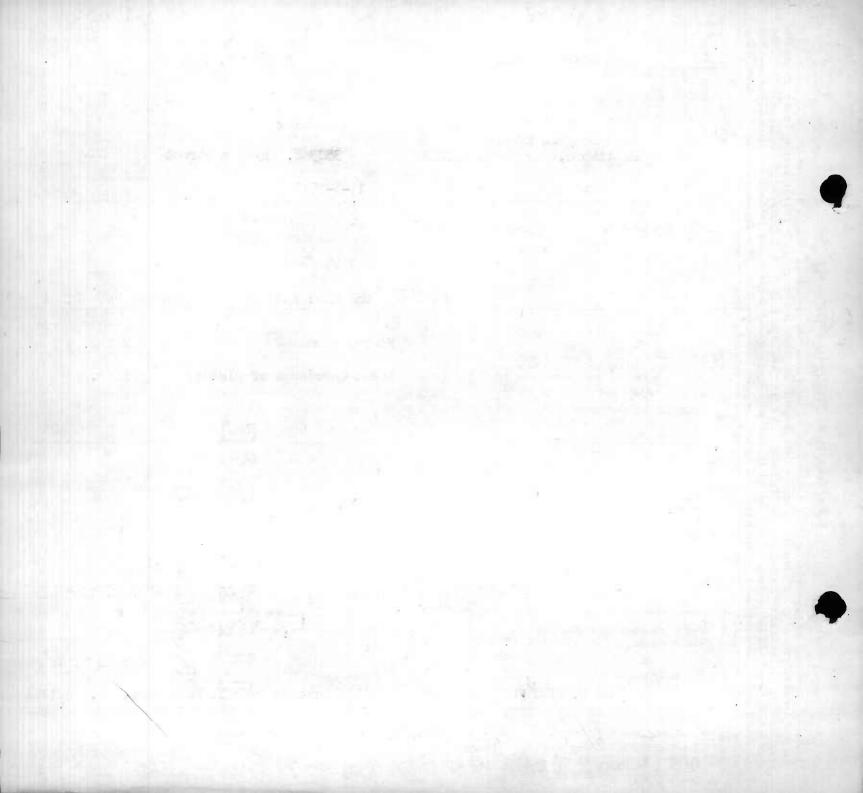
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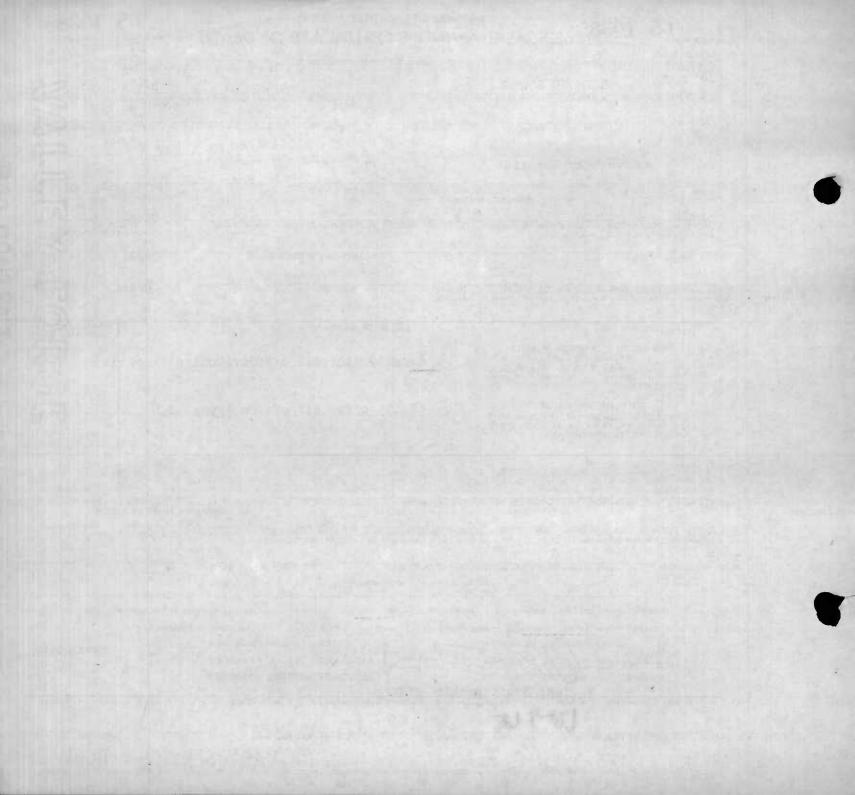
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MORTUARY SERVICE - BCHD

	65 10385 _{AEDI}	BALTIMORE CITY HEAD	EDITIEICATE OF F	NEATU B fa	65 10385			
BIR	E CASE NO.	CAL EXAMINER 3 C	EKTIFICATE OF L	JEAIN Registe	red Na			
_	NAME OF DECEASED		2. DATE ANI	ATE OF DEATH Registered Na. 2. Date and hour pronounced dead September 21, 1965 6: Maryland Town (If outside corporate limits, write RURAL and give to Baltimore DDRESS (If rurel, give lacotion) 213 S	ED DEAD			
	pe or Print) RAYMOND B	HEDCEV						
3 1	PLACE IN BALTIMORE MARYLAND. WH		Septem	deceased lived If insti	5 6:05 PM.			
	rende in preliment manifering, mil	ERE TROTTO DITOLD DEAD	A. STATE Mary 1 and	B. COU	NTY			
FU	LL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET			RURAL and give to washin			
NS	SPITAL OR ADDRESS OR LOCAT	ION)		1	1 3 1			
21					1-01			
53	University Hos	pital	D. STREET ADDRESS (If rurel,	give lacotion)				
5. 5		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	Months, Doys, Hours, Min.			
		WIDO WED, DIVORCED (Specily)			20,5			
0A	male white	OB. KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreig					
a n	e during most of working life, even if retired)				WHAT COUNTRY?			
3	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI					
	I Allien 3 Howe		THE TWANTER NAME					
			A CARLON CONTRACTOR					
	WAS DECEASED EVER IN U.S. ARMED s, no ar unknown), (If yes, give war or dotes		17. INFORMANT		ADDRESS			
7	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Fatty cirrhosis of the liver. DUE TO							
Ó								
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CERT	19A. DATE OF OPERATION 19B. COND.			IN CERTIFYING CAUS				
EDICAL	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or about 21C. WHERE DID		ve exoct location)			
Σ	21D TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	OF INJURY (APPROX.) M. WHILE AT NOT WHILE AT AT WORK							
	22. I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my apinian							
	ACTUAL OU	12.27	CHIEF MEDICAL EX	AMINER	DATE SIGNED			
	ACTUAL SIGNATURE	Xylutun	ASSISTANT MEDICAL EX	AMINER X				
	EXAMINER'S	"	ASSOCIATE MEDICAL EX	CAMINER	Sept. 22, 1965			
	NAME (Type) Rudiger	Breitenecker, M.D.	MIL DOLDE OF					
	MOVAL (Specify)	1 S INIVE	DSITY MEDICA	COHOO!	(Stote)			
24	A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	t. Stauul	ADDRESS			

VS 151-REV. 1/1/65

VS 151-REV. 1/1/65

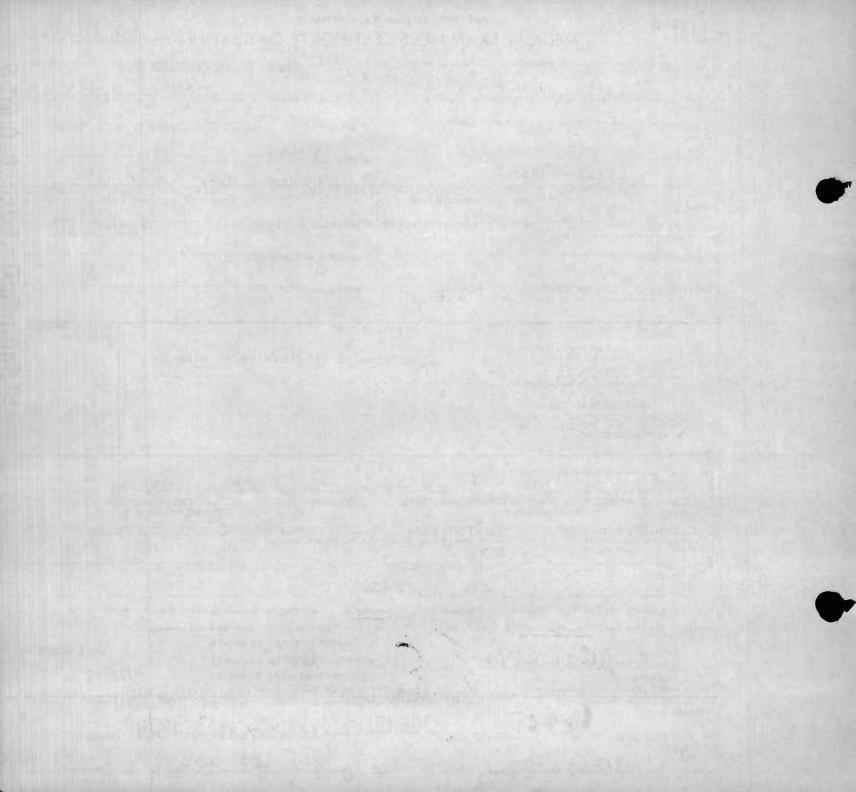


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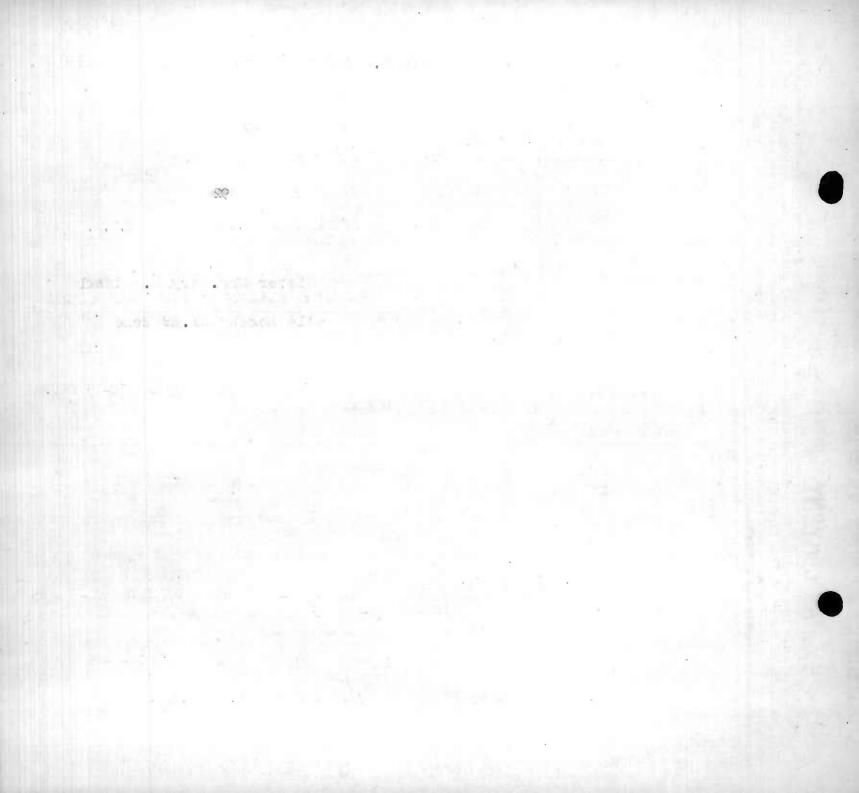
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10386

M.	E CASE NO.								
1. (Ty	NAME OF DEC	CEASED			2. DATE AND	HOUR PRONOUNCE			
			JOSEPH	WILLIAMS		9/28/65	1:30 p _{M.}		
3.	PLACE IN BALT	TIMORE, MARYLANI	D, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence befare odmissian)		
FU	LL NAME OF	(IF NOT IN HO	SPITAL OR INSTITU	TION, GIVE STREET	Maryland	11	Dil na i		
HC IN:	SPITAL OR	ADDRESS OR I	LOCATION)		C. CITY OR TOWN (If outside	corporate limits, write	KUKAL and give township/		
					Baltimore	4	-0		
0		48 Marke	+ Dlago		D. STREET ADDRESS (If rural,	give lacotion)			
					48 Market				
	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 68	Manths Days Hours Min.		
	male	white							
		UPATION (Give kind o warking life, even if ret		BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
		, , , , , , , , , , , , , , , , , , , ,							
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAME				
		D EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		, , , , , , , , , , , , , , , , , , , ,							
	18.	57		CAUS	SE OF DEATH		INTERVAL BETWEEN		
	DISTA	CE OR CONDITION	u pincari v				ONSET AND DEATH		
	DISEA	SE OR CONDITION	ATH	Hvpert	ensive cardiovasc	ular disease			
	(This does in heart failure,	nat meon the mod , asthenia, etc. It n	e of dying, e.g.,	DUE TO					
	injury or con	mplication which cau	used death.)						
	A	ANTECENDENT CAUSES							
	DISEASES	OR CONDITIONS,	IF ANY, GIVING	DUE TO					
		IE ABOVE CAUSE (
Z				(C)					
ĭ		U							
0	TO THE	DEATH BUT NO	T RELATED TO TI	10	ar ambaliam and nu	Imaname ampl	riteama		
CERTIFICATION	DISEASE O	R CONDITION CAL	ISING IT.		cy embolism and pu				
CEI	MA. DATE OF		PERFORMED	VHICH OPERATION		IN CERTIFYING CAUSE			
AL	21 A. EXTERNA	L CAUSE WAS	21 R.	PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID. (yes If in Baltimore City, give	e exact (acation)		
MEDICAL	UNDERLYING	OR CONTRIB-	home,	form, foctory, street,	office bidg., INJURY OCCUR?	John John J.			
ME									
_	OF INJURY	(Month) (Doy)		E. INJURY OCCURRED		RY OCCUR?			
	(APPROX.)		m. W	ORK NOT	WORK				
	22.	tlfy that I held or	Inquiry 🗌	Inspection A	utopsy X and that on thi	s bosis, death in my	v opinlon		
		Ited from: Natura		ccident Suici		ndetermined monne			
	10201	Ted Itom. Harord	1 000363	5010	CHIEF MEDICAL EX		Lad		
	ACTUA	11114	. 0 11	6			DATE SIGNED		
	SIGNAT		WY VI	GAS M.	D. ASSISTANT MEDICAL EX		0/00/65		
	EXAMIN NAME (- 1	TI Coni	M D M BIT	ASSOCIATE MEDICAL EX	AMINER	9/28/65		
23/	A. BURIAL CRE			NAME OF CEMETER	WI-CREMATORY 2 23 DIL	CATION A ATCH	to the bunty) (State)		
	MOVAL (Specif		100	T/ETRAI	PURE OFFICE SAR	Digital Gol	WILLIAM .		
		140	160		MERCILIAN MEAN	DUASCIG			
24.		BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	50110	ADDRESS		
	OCT 1	1 1965		pro 60	MURTUAR	Y SEDVICE			
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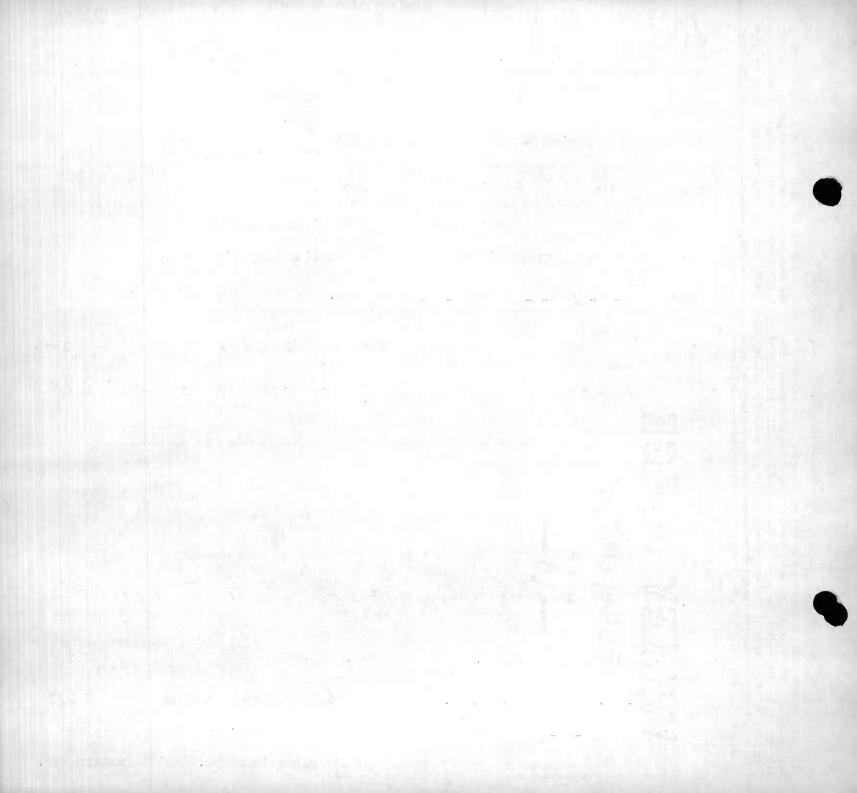
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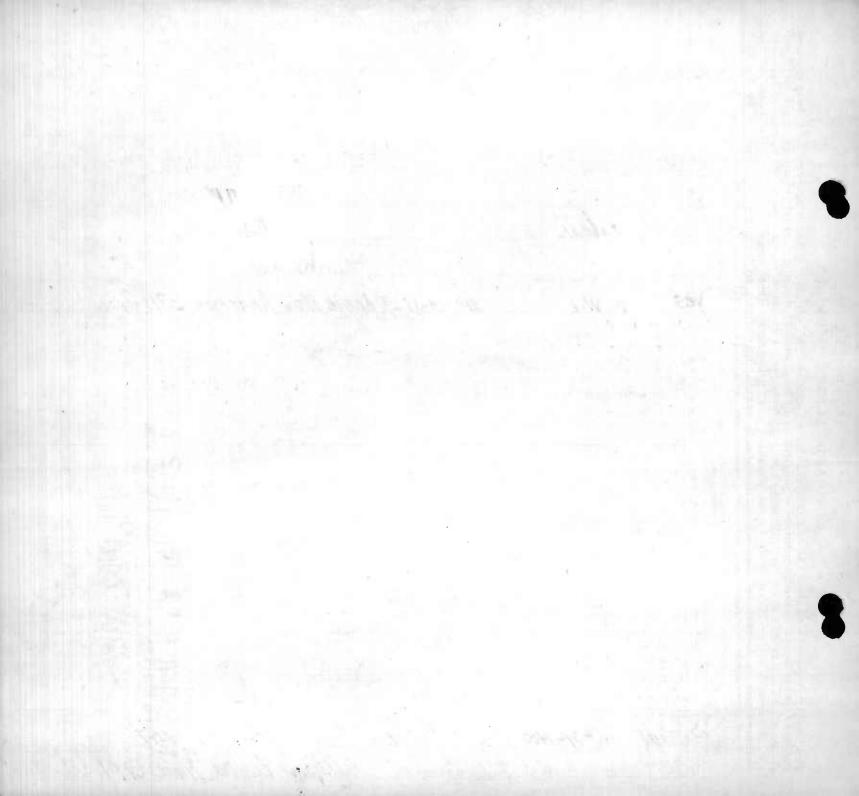
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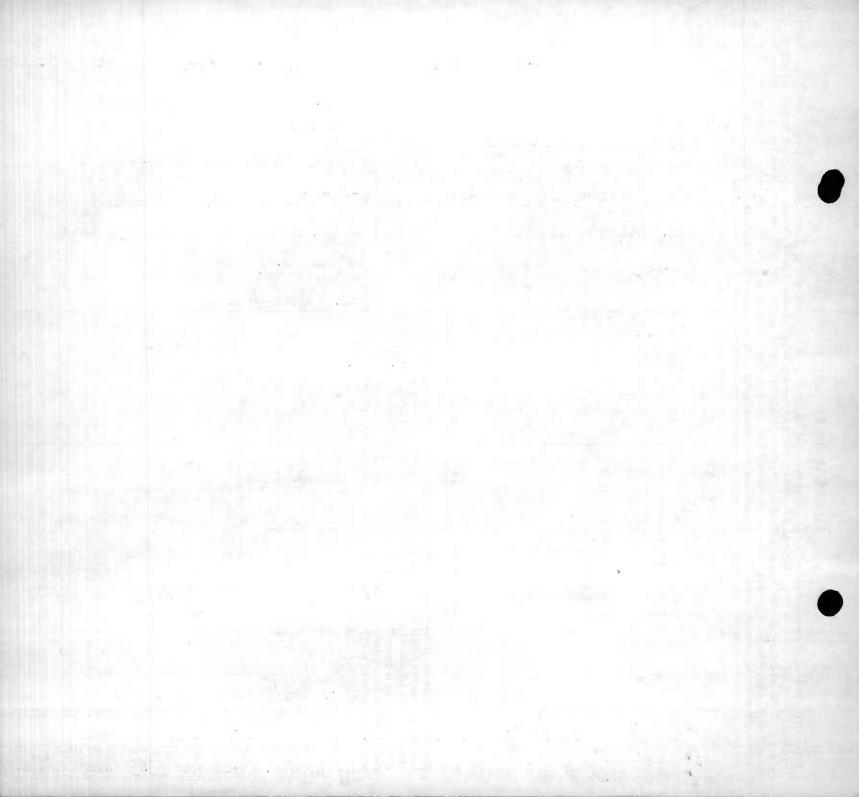


BISTH NO.	MEDI		KAMINER'S C			H Register		0391
M.E. CASE NO.								
1. NAME OF DE	ECEASED				2. DATE AND HOUR	PRONOUNCE	D DEAD	
(Type or Print)		EARL	ADAMS			10/	18/65 5	:00 p. M
3. PLACE IN BAL	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where deceased	lived. If instit	tution: residence	Dered
CERI	TEICATE	AM	ENDED		ryland	8. COO	NII	
HOSPITAL OR	ADDRESS OR LOCA		11-8-65		VN (If autside carparat	e limits, write	RURAL and gi	ve township)
INSTITUTION			11-0-05	Ba	ltimore		-	
	Trademand to 11			D. STREET ADDR	RESS (If rural, give lace	rian)		-
2.0	University H	ospital		925	2 W. Mulberr	nr St		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. A	SE (In years pirthdoy)		r. If Under 24 Hr
male	colored	Marri	DIVORCED (specify)	Feb.18,		41	Months Doys	s Hours Min.
1	CUPATION (Give kind of work						12. CITIZEN O	F
done during mast a	f warking life, even if retired)	TOW MIND O	1 BO 3111233 OK 1112031K				WHAT CO	DUNTRY?
Tab	orer			Balto.	Md.			
13. FATHER'S NA				14. MOTHER'S M.				
Charl	**				Nelson		- 5-	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	" n der de n		ADDRESS	
yes	W.W. 2	- 01 3011100/		Ellen A	ikens 474	3 Pank	Heigh	t.a ATP.
18.	110110 4		CALLS	E OF DEATH	220420 -11-11	Lain		
1 47	1 / 1				hopneumonia			SET AND DEATH
Dise	ASE OR CONDITION DI LEADING TO DEATH	RECTLY			valvulitis			
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heart failur	ra, asthenia, etc. It means complication which coused	the diseose,	00110					
DISCOURSE	ANTECENDENT CAUSE		(B)					
RISE TO T	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S	TATING THE	DUE TO				-011	
	ING CONDITION LAST.		(C)					
6			(0)					
OTHER SIGNATURE OF THE DISEASE OF TH	II GNIFICANT CONDITIONS	CONTRIBUTE	NG					
O THE	DEATH BUT NOT RE	LATED TO 1		e mitral v	alvulitis		1000	
DISEASE	OR CONDITION CAUSING				? (Yes or No) 20B, IF	ES WEDE FIN	ADINGS CONS	IDERED
O A DATE C	WAS PER		WHICH OPERATION		IN CERT		ES OF DEATH	
100 1	AL CAUSE WAS	01.0	BLACE OF INTILITY /	yes	0	Cia -i	un nunch Innatio	-1
UNDERLYING	GUOR CONTRIB-	home	PLACE OF INJURY (e.g., e, farm, foctory, street,	office bldg., INJURY	OCCUR?	more City, giv	re exact locono	1117
UNDERLYING UTING CA	USE OF DEATH.	etc.)						
E 21D TIME	(Month) (Doy) (Year	r) (Hour)	TE. INJURY OCCURRED	21 F. H.C	OW DID INJURY OCC	UR?		
OF INJURY			WHILE AT NOT	WHILE				
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	ertify that I held on I	nquiry 🗌	Inspection Au	topsy y one	that on this bosis	, deoth in m	y opinion	
resi	ulted from: Notural ca	uses X	Accident Suici	de Homici	de Undeter	nined monne	F .	
)		4 /		EDICAL EXAMINE			
ACTU	AL TADOL		6.1				D	ATE SIGNED
SIGNA		my h	M. C	74	EDICAL EXAMINE			
	INER'S		1-5	ASSOCIATE M	EDICAL EXAMINE	R	10/9/	65
23A, BURIAL CE	(Type) Werner [C. NAME OF CEMETERY	COEAA ATONY	23D. LOCATION	1 (City)	town or count	v) (State)
REMOVAL (Spec		23	C. NAME OF CEMETERY	OF CREMATORY	230. LOCATION	(City,	town, or county	y/ (Stute)
Buria		8,1965	Mt. Aubur	n Cem	Bal	t.o.	Md.	
24A. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR	24 1	ADDR	RESS
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001.	11 1965 Role	D 2 0	Owner Miller	WWW.	CHES SHULLER	1404%	2019111	SCHOUNTS
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ADDRESS DEFORM OF DECAME OF DEATH OF SALTER OF SALTER OF SALTER OF DEATH OF SALTER OF			CERTIFICAT	E OF DEATH	Registered No.	
S. PLACE OF DIATH IN BAILHORE, MAPILAND FULL NAME OF (If not in biaspirel or institution, give sheet eddess or location) FULL NAME OF (If not in biaspirel or institution, give sheet eddess or location) FULL NAME OF (If not in biaspirel or institution, give sheet eddess or location) FULL NAME OF (If not in biaspirel or institution, give sheet eddess or location) FULL NAME OF (If not in biaspirel or institution, give sheet eddess or location) FULL NAME OF (If not in biaspirel or institution, give sheet eddess or location) S. SEX (If not in biaspirel or institution, give sheet eddess or location) S. SEX (If not in biaspirel or institution) S. SEX (If not in biaspirel or institution) S. SEX (If not institution) S. Was Docesses ben in U. S. Arms forces, sheet, office bidge, institution on the course of institution on the course of institution of ins	1. NAA	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN SALTIMORE, MARILAND FULL NAME OF Ul not in baspiled a institution, give sweet odders or location) FULL NAME OF Ul not in baspiled a institution, give sweet odders or location) FULL NAME OF Ul not in baspiled a institution, give sweet odders or location) FULL NAME OF Ul not in baspiled a institution, give sweet odders or location) FULL NAME OF Ul not in baspiled a institution, give sweet odders or location) FULL NAME OF Ul not in baspiled a institution, give sweet odders or location) FULL NAME OF Ul or location of	(Туре	e or Print) William Anderso	n	Octo	ber 10,190	N 18:177.
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MOSTITAL OR MOSTI	6111	THE NAME OF THE CONTROL OF THE PARTY OF THE			1	
S. SEX S. RACE CALASHID NIVER MARRIED D. STREET ADDRESS C. A. A. A. C.	HO	OSPITAL OR oddress or location)			side city limits, write R	JRAL and give township)
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MASEED NEVER MARKED NEVER	0,		Ī			
S. SEK O. RACE MARKED NEVER	1	-utheran Hospita		3911 Crans	ton Awer	nue
TALL OCCUPATION CASE IN Indicated and Company of the Course of Company of the Course of Company of	5. SEX	EX 6. RACE 7 MARRIED	NEVER MARRIED 8.	DATE OF BIRTH		
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16. SOCIAL 17. INFORMANT ADDRESS 18. 19. 1	done di	Reling to de		1/1	1.	WHA! COURTER!
15. Wes Decessed Ever in U. S. Amed Forces? 15. Wes Decessed Ever in U. S. Amed Forces? 16. SOCIAL SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard foliure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OF ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DEATH ROUTH CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH ROUTH ROUTH CAUSE OF DEATH ROUTH CAU	13. FA	FATHER'S NAME	14.	. MOTHER'S MAIDEN NAM	AE .	
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Attending Med. Stoff Phys. 23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS			i) (me) (did not) viev	w the bady after death.		228 DATE SIGNED
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		Lithahusay			Phys.	
	23	23C. PHYSICIAN'S NAME (Type)	230	D. ADDRESS		550
DESIDERIA T. MAHUSAY MD. Lutheran Hospital		DESIDERIA T. MA	14115A4 M.D.	Lutheran 1	tospita)	
124A BIIDIAI CREMATION DAR DATE 124C MANAS A CRANTERY OF CREMATORY DAD LOCATION (City Inches)	24A. B	BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CREM	2041	CATION (City	. Igwn, or county) (Sto
REMOVAL (Specify) Business Bar Halla France Bar Halla Fr	5	ZILLIA ON FILLIANS TO	2 Halla Lines	/ Marso Fa	10/4 /	M.F.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR.	1	DATE REC'D BY HEALTH DEPT 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	4/01/1	ADDRESS
20/3//: 1 1 / 1 0 2 mV	125A. F				431	
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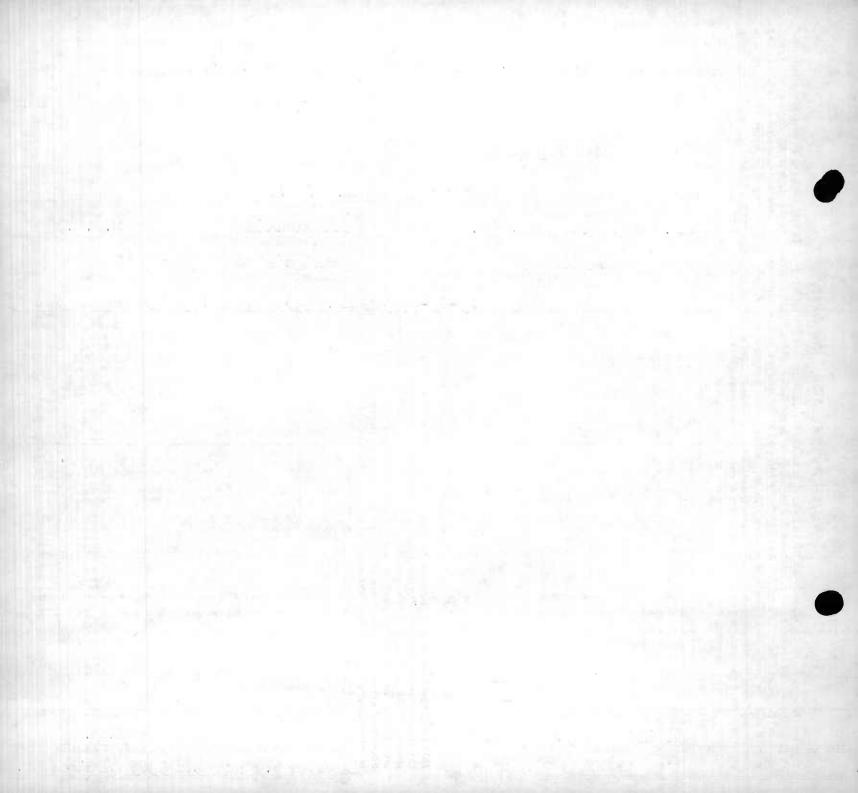


BIRTH NO. M.E. CASE NO. 1. NAME OF DECEA	65 10393	CERTIFICA	TE OF DEATH	Registered Na.	O LOODS	
M.E. CASE NO. 1. NAME OF DECEA (Type or Print)		C . 1		ND HOUR OF DEATH		
	Charles H. Balfou	r Yubson)ct.	9, 1965		
			A. STATE B. COU	VIY	Month, residence before of	Under 24 Hrs. ship) Under 24 Hrs. urs; Min. RY? 2d SETWEEN D DEATH X 20 yrs (State)
FULL NAME OF HOSPITAL OR INSTITUTION	III not in haspital ar institution, give stro oddress ar location)	eet	C. CITY OR TOWN III or	utside city limits, write RL	JRAE and give township)	
			Baltimore			
2705 Mon	tebello Terrace		A.	rural, give location)		
5. SEX 6.	RACE 7. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	tebello ler	If Under 1 Yr. If Under	o 9.3QPN re admission) Inder 24 Hrs. s; Min. Y? d ETWEEN DEATH 20 yrs
male	white marrie		4-10-1880	lost birthdoy)	Months Days Hours	Min,
OA. USUAL OCCUPA	ATION (Give kind of work 108, KIND OF BUSIN king life, even if retired)		11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	Under 24 Hrs. rs; Min. ETWEEN DEATH X 20 yrs (State)
Ret. Sh	ipping Broker		Scotland		Angland	
FATHER'S NAME			14. MOTHER'S MAIDEN NA		0	
John 9			Agnes B. S	ands		
Yes, no or unknown) III	yes, give war or dates of service) 16. SO	CURITY NO.	17. INFORMANT	1	ADDRESS	rween din stand of the stand of
110 07 00		CAUSE C	Mrs. Clara 9	moson,	same	
1B. 4 DISEASE	OR CONDITION DIRECTLY	CAUSE	PULATH		ONSET AND DE	
LE	ADING TO DEATH	(A) Art	eriosclerotio	CardioVas	approx	20 yrs
heart failure, as	mean the made of dying, e.g., thenia, etc. It means the disease,	Put Cul	ar Disease			TWEEN DEATH 20 yr:
	calian which caused dealh.) TECEDENT CAUSES	B Sen	ility			
	CONDITIONS, if any, giving	DUE TO				
rise to the	abave cause (A) stating the	IC)	Marrow			ip) Inder 24 Hrs. Min. TWEEN DEATH 20 Yr con) (Stote)
	II .					
E TO THE DEA	ANT CONDITIONS CONTRIBUTING CH	ronic R	espiratory Tr	act Diseas		20
DISEASE OR CO	PERATION 198. CONDITION FOR WHICH		nic Bronchiti	o) 208. IF YES, WERE FIL	NDINGS CONSIDERED	ZU Yr
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OR CONTRIBUTU	WAS UNDERLYING 21 B. PLACE	OF INJURY (e.g., i , factory, street, a	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)	
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	ram the causes stated abave. (1) (1)(1)				on death accorred an	
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6	for my	M.D. Att		Staff Phys.	19/11/65	
23C. PHYSICIAN'S			23D. ADDRESS	Description of the state of the	21 221	
24A BIIDIAL CREAL	Jose Martinez MD	M.D.	100, North	-		10
REMOVAL ISpe	cify)	CEMETERY OF CR	10 4	0 1	Man, or county)	(Stote)
DURLAN 25A. DATE REC'D BY	HEALTH DEPT. 25B. NAME OF REGI	eland Me	m. FORR L	Baltimore, 1	ADDRESS	
OCT 11	1965 A D. A & Frederich	(B) (C) (D)			305 Harford	d Rd.
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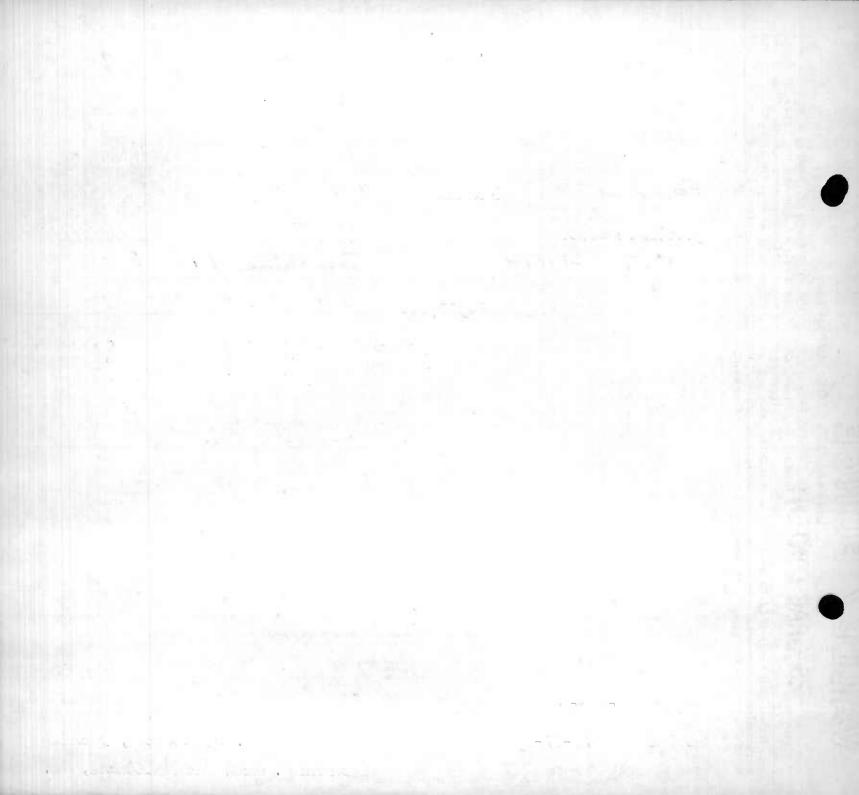
BIRTH NO. 65 10395		Y HEALTH DEPARTMENT	65 10395
M.E. CASE NO.	CERTIFICA	TE OF DEATH Registers	d No.
1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
(Type or Print) Charles A	. Gradwell	Oct 9, 196	5
3. PLACE OF DEATH IN BALTIMORE, MARYLANE)	4. USUAL RESIDENCE Where deceased liv	
		A. STATE B. COUNTY	Dult
FULL NAME OF (If not in hospital or instill HOSPITAL OR oddress or location)	ution, givo stroet	C. CITY OR TOWN (If outside city limits	1001114
INSTITUTION		Baltimore Baltimore	, write KURAL and give townsh
1		D. STREET ADDRESS (If jurel, give loce)	tion)
Harford Gara	lens		
		2906 Dunmore R	
WIC	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In you lost birthdoy)	Months Doys Hours
male white	widowed	Oct. 21, 1887 77	
10A. USUAL OCCUPATION (Give kind of work 10B. KII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
Ret. Bethlehem Steel	(0.	Pennsulvaria	U.S.A.
13. FATHER'S NAME	Con	14. MOTHERS MAIDEN NAME	
H C. 1 - 11		Emma Quiebel	
Henry Gradwell 15. Wos Docousod Ever in U. S. Armed Forces?		•	
(Yos, no or unknown) (If yes, give war or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	213-07-4495	Mrs. Mabel Hax, 19	32 Edgewood F
18. 13 3 8	CAUSE	OF DEATH	INTERVAL BE
DISEASE OR CONDITION DIRECTLY	0		ONSET AND
LEADING TO DEATH	(A) Ca	rcinema Tosis, Generali	26 d x m
(This does not meon the mode of dying, heart foilure, astherio, etc. It means the dis	e.g., DUE TO		***************************************
injury or complication which caused death.)	leose,	rainema at Colon	1
ANTECEDENT CAUSES	(B) CEL	rkine ma lit Cillin	6 m
DISEASES OR CONDITIONS, if ony,			
rise to the obove couse (A) stating) lhe (C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
UNDERCTING CONDITION 1881.			
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TO THE DEATH BUT NOT RELATED T	O THE		
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U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (o.g., hame, farm, factory, street,	in or obout 21C. WHERE DID (If in	Boltimoro City, givo exact locati
▼ DEATH (notify modical examinar)	hame, farm, factory, street, c	mico bidg., INJURY OCCUR?	
D 21D-TIME Month) (Doy) Your) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Whi		
(APPROX.)	Work At Work		- V 0
22. 1 certify that (1) (this haspital) otten	ded the deceased from	Det. 7 1965 to	001.7
that (I) (we) last saw the deceased alive	e on Octiq	19 65 and that in (my) (8	uz) opinion death accurred
and hour and from the courses stated abo	ive. (I) (We) (did) (did-not)	view the bady after death	
23A. SIGNATURE	1.7 (1.27 (3.07 (3.0 40))	booy oner dedine	238, DATE SIGNED
I M	M.D. Att	tending Med. Stoff	11 7 11
23C. PHYSICIANIS 1	Phy	ys. Director Phys.	00,11
NAME ITYPE	7		1 BM
/ Loy / 11.	Limmerman M.D.	3202 Hartond No	Lallimort,
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		(City, town, or county)
P / 10/12/65	Moreland Mem	Park Baltimo	re, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
00T 11 100F A A	9000	1 10 0 10	nc 5305 Harto
UG 1 1 1 1965 (1) 0 PH S	STATE OF THE PARTY	Leonard J. Kuck 41	ic joy nacyo.



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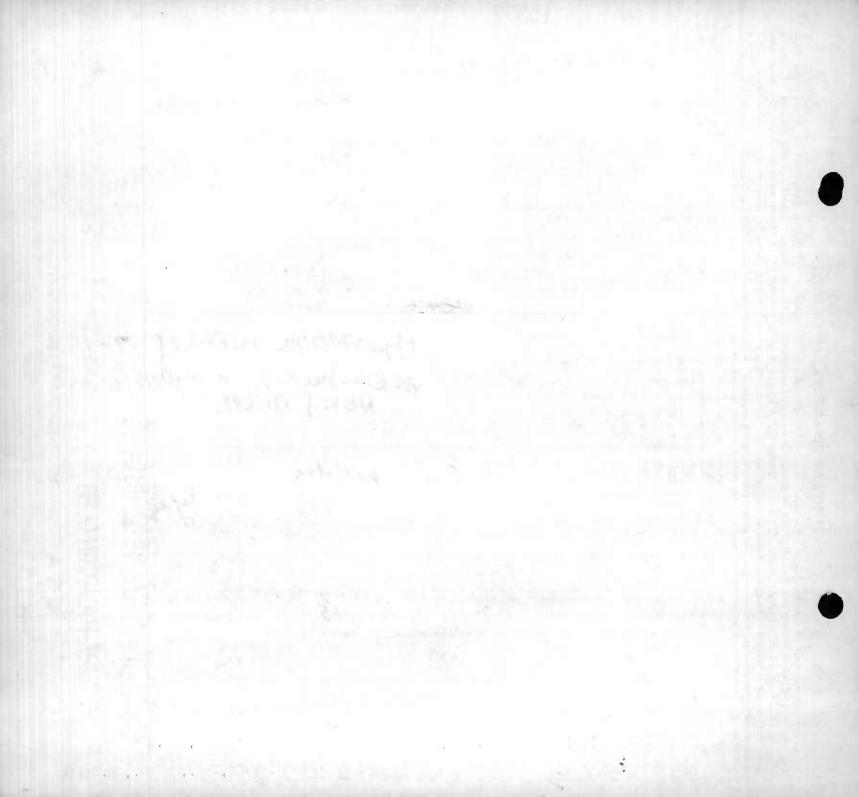


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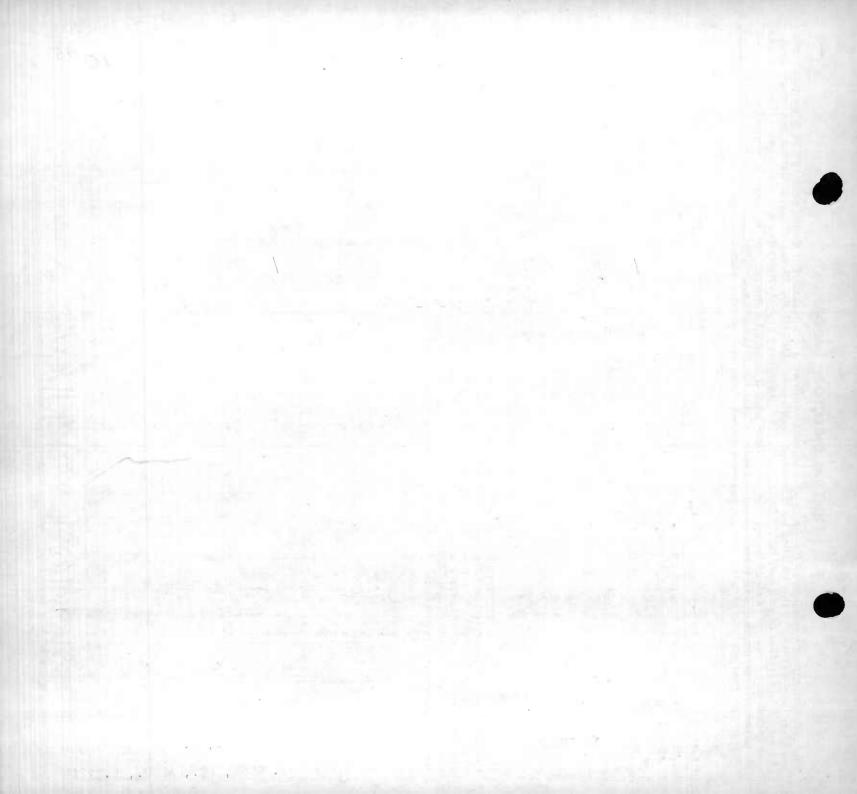
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BALTIMORE CITY HEALTH DEPARTMENT

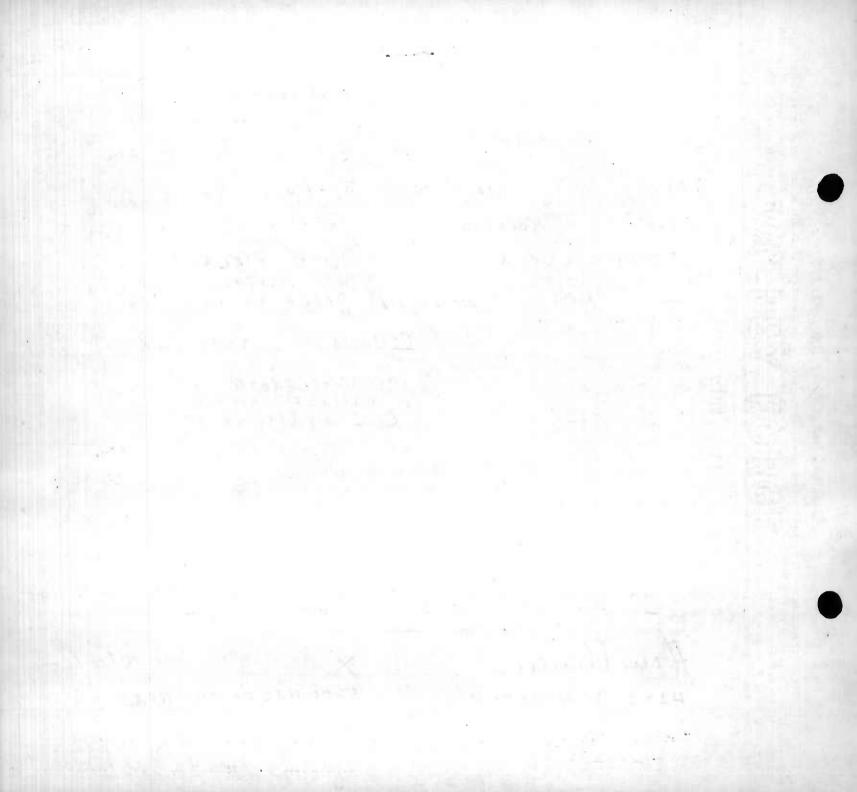


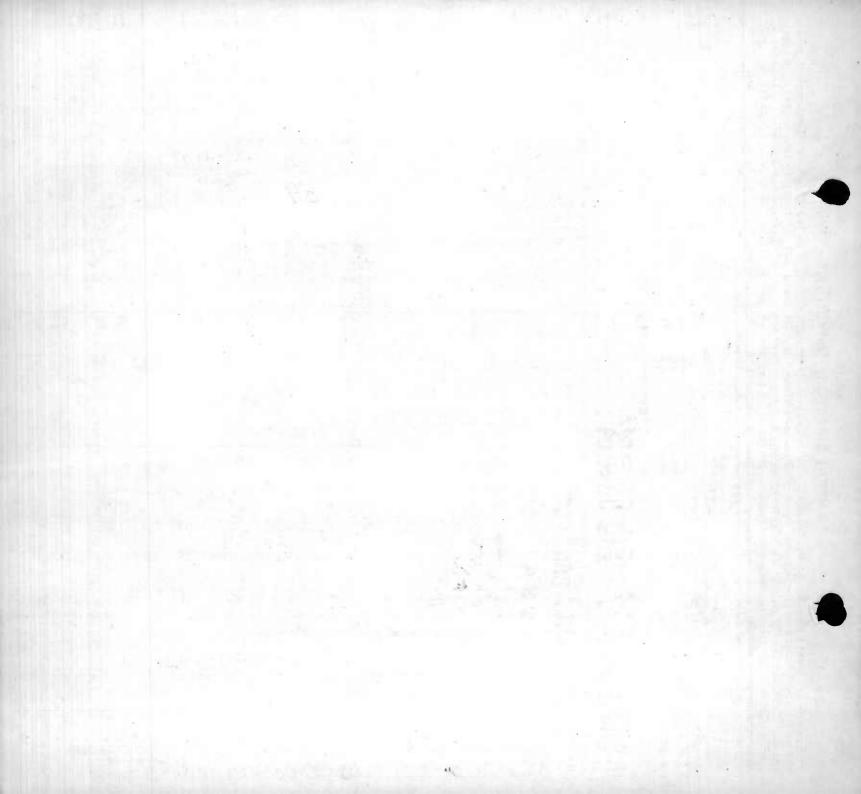
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1-	9001	BALTIMORE CITY HEALTH DEPARTMENT 65 10399 CEDITICATE OF DEATH Registered No. 65 10399	}
	Sed se	M.E. CASE NO.	
	deati deati ease n th	Type or Print) FRANKE. LUCCA 2. Date and Hour of Death OCT. 10, 1965	30 4
	of dea Oeceas e on t	B. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence be	fore admission)
	osi nc lec	FULL NAME OF (If not in hospital or institution, give street) MARYLAND	15
	caus use; (HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give town BALTIMORE CITY.	ship)
	aus daus	5 30 WOOD HOME AVE D. STREET ADDRESS (If rurol, give location)	
	r d c	# 34 3130 WOODHOME AVE	21234
•	ntribu rmine egula ased	MIDOWED, DIVORCED (specify) 3/2/1899 lost birthdoys Months Doys Ho	Under 24 Hrs. urs Min.
	the contract of the contract o	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT	'RY?
	dea t or Und as i	BAKER COUNTRY CLUB JTALY U.S.	
	if dect 4) L we the pos	STEPHEN LUCCA ROSE BISCALDI	
Z	dir dir di di di dis		
A	istant he di kind; death ce on nal di	Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	JOOD AVE
S S	ass ny h ny h an an	- NO, 300-07-4010)OSEF LUCCA BALTO 3	-
MPORTA	far far ncend do	DISEASE OR CONDITION DIRECTLY	D DEATH
_ ≥	Als noun	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO CORONARY JNSUFFICIENCY)	CEARS
	er. A cture prono lar at	heorl failure, asthenia, etc. Il meons the disease,	
2	fra o gel	ANTECEDENT CAUSES (B) ARTERIOSCLEROTIC CARDOO - TO UASCULAR DISEASE	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
	X A A Wh	DISEASES OR CONDITIONS, if ony, giving	
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	ved by hospite nature; ept wh d (6) Nained b	21D. TIME (Month) (Doy) (Year) (Hour) 2) E. INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? While At Not While	
	A U =	(APPROX.) Work At Work	
	the any (ex	22. I certify that (I) (this hospital) attended the deceased from J.U.N.E. 1960 to U.C.f. 10	1965.
	_ 0	that (I) (we) lost saw the deceased alive on 10/5 and that in (my) (own) opinion death occurre	d on the date
	dent of ospital death)	and hour ond from the couses stoted obove. (1) (1/16) (did) (did not) view the body ofter deoth. 238. DATE SIGNED	
	hos do d	Haullevelle M.D. Attending Med. Director Phys. 10/10/	
	- Te - Ce	23C. MYSICIAN'S NAME (Type)	67
	ertificate ody was r s: (1) An a 5.0.A. at ised prior	HANS DI KOETTER M.D. 5600 HARFORD ROAD BA	LTO 14
	T X E O B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
	his certifue body hows: (1) ras D.O.	Burial 10/13/65 Dulaney Valley Cemetery Baltimore, Marylana 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE	1
	This cer the bod shows: was D.(decease	007 44 4007 4	ss Land Rd
	ストリング	OCT 11 1965 Reck Free Falling Leonard y. Ruck Ync 5305 Harg	ολά Νά.





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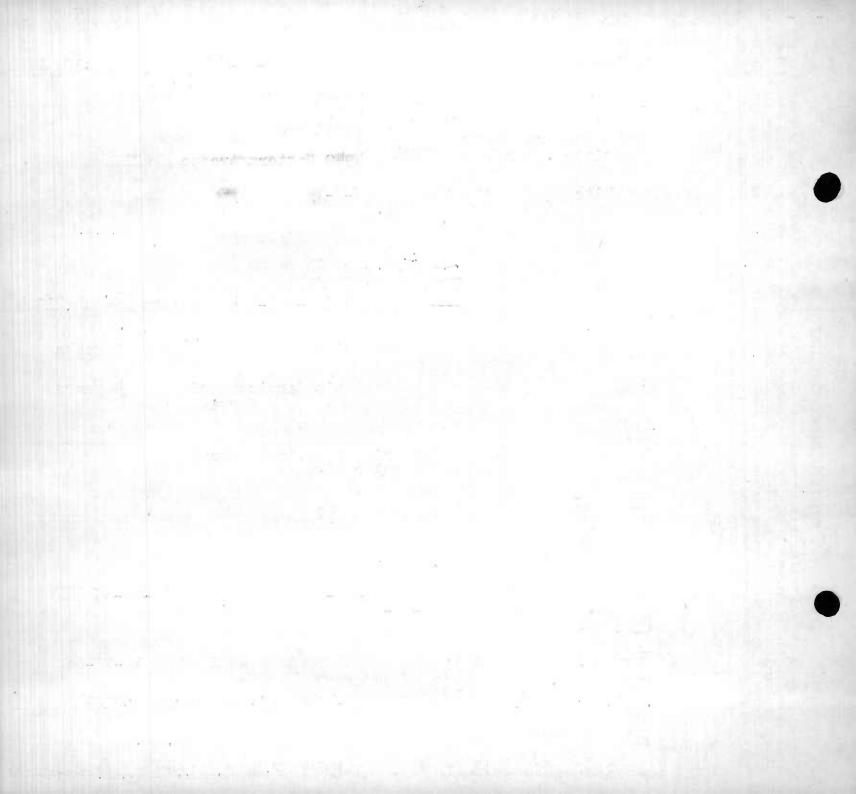
VS 150-REV. 1/1/65

let gold a sound bred D 228 S. Fatterson Park Cay married do tertainmen Cometal estavorat 323340) Pater Pernakis Barrhea Hertos 1837 275 275 MES CEREBRAL EMBOLISME RMAD LORICHE SYNGROUNE ATRIAL FIRRILLATION 9 PARTY TRACH SITURGISCHARTIA PILLORES : Explanen B Bergry Ephraim B. BARZAGA CHURCH HOME & HOSPIAL

. The state of the

10-20-65

1001	65 10403	BALTIMORE CITY H	HEALTH DEPARTMENT	65	10403
BIRTH NO.		CERTIFICAT	TE OF DEATH	Registered No.	10402
M.E. CASE N 1. NAME OF (Type or Print)		^	IZ. DATE A	ND HOUR OF DEATH	-73
(Type or Print)	MRS. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	otherine	1111		1 6 50 M
3. PLACE OF	DEATH IN BALTIMORE, MARYLAND,		4. USUAL RESIDENCE (Who	ere deceased lived. If institut	ion: residence before admission)
UNG		Dop, ray	11	Q7 -	7/1
FULL NAA HOSPITAL	OR oddress or location)		C. CITY OR TOWN (IF or	utside city limits, write RURA	L and diva township)
INSTITUTIO	N		Baltone		a one give townengs
1			D. STREET ADDRESS (III	rural, give location)	
		COUNTY OF	3005 1	IONA T	ERRACE _
5. SEX	6. RACE 7. MARRIED, N		DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.
F	1.1	ORCED (specify) ORRIGO	11-2-89	last birthday) Mo	nms Doys Hours Min.
	CCUPATION (Give kind of work 108, KIND OF B			oign country) 12	CITIZEN OF
done during mo	st of working lile, even if retired)		maile	1	WHAT COUNTRY?
13. FATHER'S	HSWP	() 1	Mary la		U.S. A.
To TAITER O		(2)		(D)	
7		FFMAN	HELEN	A F. (1)	lauk
(Yas, no or unk	nown) ((f yes, givo wor or doles of service)	6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
No	2	16+32-4260 B	George C. Ruhl	(Sar	ne)
18. 4	34.114 260X	CAUSE OF	11	, 0	INTERVAL BETWEEN ONSET AND DEATH
DI	SEASE OR CONDITION DIRECTLY	Con	fastive the	of Jailing	E Samo
(This do	LEADING TO DEATH es nat mean the made of dying, e.g.,	(A).	15W-2		5 0-41
heart fai	ure, asthenia, etc. It means the disease,	20110	1		
injury at	ANTECEDENT CAUSES	(9)			
		DUE TO		9 000 000 0 000 000 000 000 000 000 000	
	S OR CONDITIONS, if any, giving the above couse (A) stating the	(C)			
	YING CONDITION last.	***************************************		***************************************	~~~~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	11	01 /			
	IGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE	Diase	elis	3	
	OR CONDITION CAUSING IT.	IICH OBERATION	120A AUTOBOV2 (Van av M	AND IF MEE WERE FINED	INC. CONSIDERD
0 19A. DAT	WAS PERFORMED	TICH OFERATION	Alm	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACC	IDENT WAS UNDERLYING 21B. P.	ACE OF INJURY (o.g., in	or obout 21 C. WHERE DID	(If in Boltimore City	y, give exact location)
OR CON	RIBUTING CAUSE OF home, ofc.)	form, foctory, street, offic	o bldg., INJURY OCCUR?	3/ - 4- 11 15	
U		NILLRY OCCUPPED	21F. HOW DID IN	IIIBA OCCIIBA	
OF INJUI	While	At Not While I			10
APPROX	Work	At Work	1 66	66	1 gin for
22, I ces	tify that ((this hospital) attended the	A / /		.19to	0 19 65,
that 60	war last saw the deceased alive an	oct gu	19 65 and th	hat in (my) (aur) opinian	death accurred on the date
ond have	and from the causes stated above. (1)	(Wardid) (didast) vie	ew the body after death.		
23A. SIGN	ATURE O	/		238	DATE SIGNED
	Loot my Ne	M.D. Attono	ding Med. Director	Stoff Phys.	1078/65
23 C. PHY	ICIAN'S		D. ADDRESS	· M.	01/10
GODF	DEV CELTODEREY	JEH M.D.	To U	hion Memor	nal Hospital
		AE OF CEMETERY OF CREM	MATORY 24D, 1	LOCATION (City, to	own, or county) (State)
		enmount Cemete		Baltimore, N	
Bur	C'D BY HEALTH DEPT. 258, NAME OF		25C. FUNERAL DIRECTO		ADDRESS
00-	4 400 4			nck Inc. Balto.	
VS 150-PEV	1 1965 P. O. A. E. R. A.	77 3	T-pp.idijd 05 14	der Tire Dario	THE PIPLY
13 130-KE 4.	100000 -1 40000	,			



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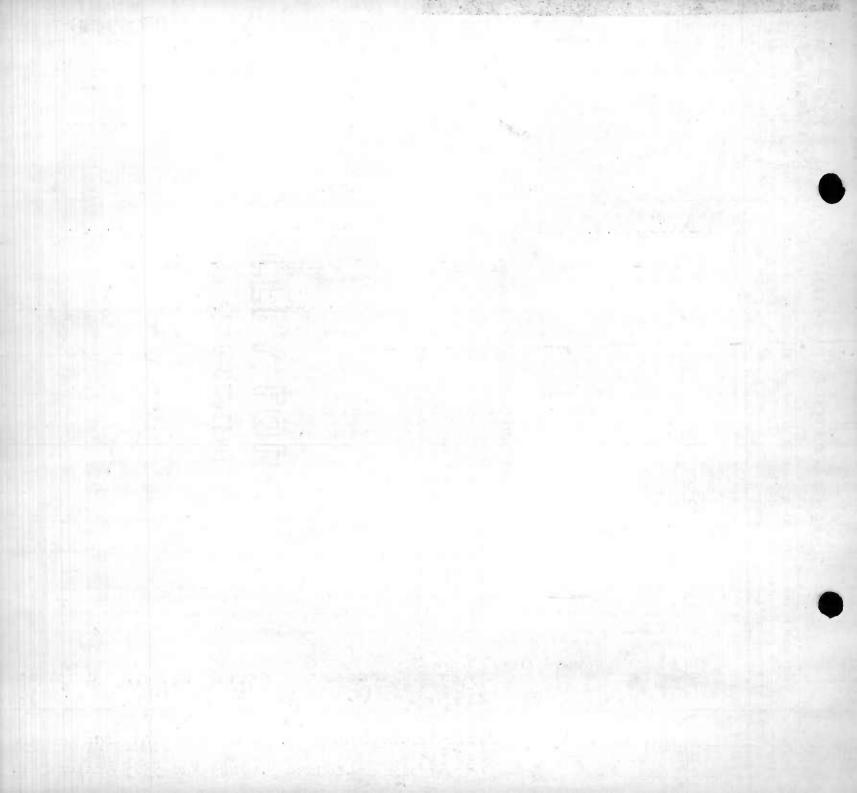
DIRECTOR:

FUNERAL

hospital

body

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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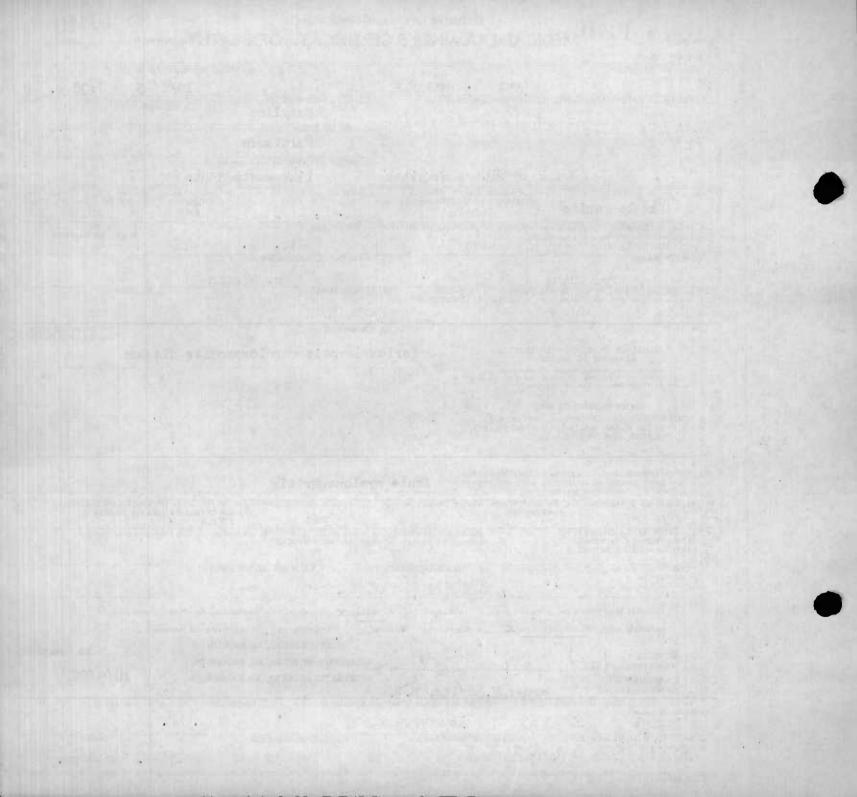
DE SHE'S FOR LIGHT OF STREET STREET, AND A STREET STREET, BY STREE

5-363

BIRT	H NO.	10400	MEDI	CAL E	XAM	INER'S	CERTIF	ICATE OF	DEATH Regist	ered Na	111409	
M.E.	CASE NO.									11/2 14		
1. N (Typ	e or Print)	ECEASED	FRE	EDERICK	(STEWA	RT JR		ND HOUR PRONOUNCE	19/65	1:55 a.	AA
		LTIMORE, MARYLA					4. USU A. STA	AL RESIDENCE (When	e deceosed lived. If ins	titution: resi UNTY altim		s sion)
FUL HOS IN ST	L NAME OF	(IF NOT IN ADDRESS O	HOSPITA R LOCA	L OR INSTIT	ιυπον, ο	SIVE STREET	C. CITY	OR TOWN (If outsi	de corporate limits, wri	te RURAL o	and give township)	
							D. STRE	ET ADDRESS (If ruro		Stown	1 557	20
-	Sir	ai Hospit	al					829 Ivyda	ale Ave.			
5. \$1	EX	6. RACE		7. MARRIED WIDOWED,	NEVER DIVORCI	MARRIED ED(specify)		6, 1928	9. AGE (In years lost birthday)	If Unde Months	Doys Hours	Min.
10A.			d of work			SS OR INDUST		IPLACE (State or forei		12. CITIZ	EN OF	-
done	during most o	working life, even it seminer		Feder	al D	ep. Ins	. Pir	meole, No	.Carolina		S.A.	
	ATHER'S NA					orp.		HER'S MAIDEN NAN				
		rick Ster						uline Tayl	l.or			
		SED EVER IN U.S.			16. SOC	IAL URITY NO.	17. INFO	MANT		829]	vvdale	1770
	Yes	W.W.	II		578.	-28-1101	a Mrs	. Martha	M.Stewart		stersto	
	1B.	1/1	-			CAU	SE OF DE	ATH			INTERVAL BETW	VEEN
	DISE.	ASE OR CONDIT LEADING TO		ECTLY		Mult	iple i	njuries			ONSET AND DI	EAIH
	(This does	not mean the r	node of	dying, e.g.,		DUE TO					***************	
	injury or c	re, osthenio, etc. complication which	coused d	le oth.)	100					F - ,		
		ANTECENDENT	CAUSES	5						100	917.400	
		OR CONDITION	S, IF A	NY, GIVING		DUE TO						00000000
		HE ABOVE CAUS		ATING THE						000		
Z					M., 1	(C)						
ERTIFICATION	TO THE	II GNIFICANT COND DEATH BUT I	NOT REL	ATED TO								
CERTII		OF OPERATION 1		DITION FOR	WHICH	OPERATION	1	AUTOPSY? (Yes or No	20B. IF YES, WERE F			
4	21A. EXTERN	AL CAUSE WAS		21 B.	PLACE	OF INJURY (e.g						
EDIC	UNDERLYING	USE OF DEATH.		hom etc.		foctory, street,	office bldg	Route 40	of the Baltimore City, great Rosewoo	d Lane	53-0	00
	21D TIME	(Month) (Doy				JRY OCCURRE		21F. HOW DID INJ			of car	
	(APPROX.)	10 8 6	5 10	0:12p _m .	WHILE A	NO AT	WORK 2	which str	ick tractor	traile	er	
		ertify that I held				_	utopsyX		his bosis, deoth in		on	
	res	ulted from: Not	urol cau	ses	Acciden	Suic	l de	HomicIde	Undetermined monr	ner		
	ACTU		1-12	11.6	2	-		HIEF MEDICAL E			DATE SIGN	ED
		NER'S WATER	er U	. Spit	z. M.	1		IATE MEDICAL E		10,	19/65	
	BURIAL CI	REMATION, 23B.		•		E of CEMETERY	or CREMA			y, town, or		ite)
	Buris	7 00	t.12	,1065	Ar	lington	n Nat	ional Cem	. Arlingto	n, Vi	irginia	
24A		D BY HEALTH DE	PT.	248, NAMI				FUNERAL DIRECTO	R	-	ADDRESS	
13	CT 11	1965 00	See By	8 Fast	Den MA	5 6	10	4-9.20hl	Bult Owin	as Mi	lls, Md	
VS	151-REV. 1/	1/65	6.5	11.57					No man			1

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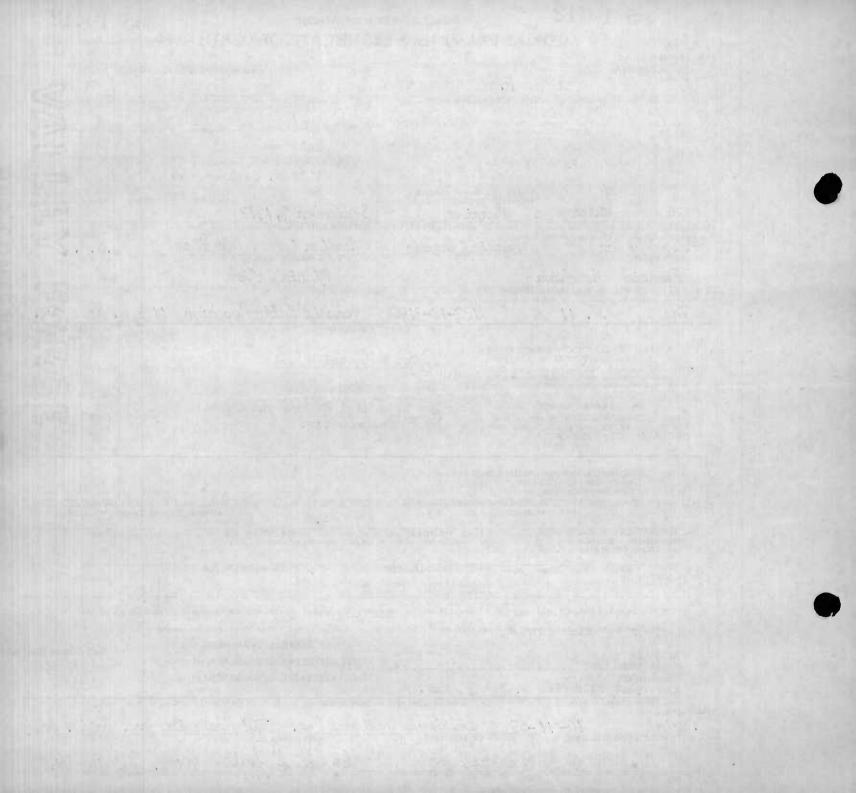
BIRTH NO. 65 10414MED	ICAL EXAMINER'S	CERTIFICATE OF D	EATH Registe	red No.
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. DATE AND	HOUR PRONOUNC	114
3. PLACE IN BALTIMORE, MARYLAND, W	ANNA M. METZLER	IIA LISUAL RESIDENCE (M/Lang	10/8	7:30 a. Nitution: residence before odmission
	TAL OR INSTITUTION, GIVE STREET	A. STATE Maryland	B. COL	JNTY
HOSPITAL OR ADDRESS OR LOCA	ATION)	Baltimore		RURAL ond give township)
()		D. STREET ADDRESS (If rurol,	give location)	
Frank	klin Square Hospital	1347 Jack	cson St.	
5. SEX 6. RACE female white	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED(specify) Married	B. DATE OF BIRTH Aug. 5, 1893	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
OA. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired) HOUSEWIIE	At Home			12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Fred Muth		Mary He	erman	
5. WAS DECEASED EVER IN U.S. ARMEE		17. INFORMANT	JA MILLAI	ADDRESS
Yes, no or unknown) (If yes, give wor or dot) NO	es of service) SECURITY NO.	Family		Same
118.	CALLS	SE OF DEATH		INTERVAL BETWEEN
OF THE DEATH BUT NOT RE	f dying, e.g., s the disease, death.) ES ANY, GIVING DUE TO (C)	osclerotic cardio	ascular di	sease
DISEASE OR CONDITION CAUSING	G 11.	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIL	NDINGS CONSIDERED
U D , WAS PEI	RFORMED	yes	Yes	SES OF DEATH?
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID (I office bldg., INJURY OCCUR?		ve exoct location)
21D TIME (Month) (Doy) (Year (APPROX.)	WHILE AT NOT	WHILE WORK	RY OCCUR?	
22. I certify that I held on	Inquiry Inspection A	utopsy 🗶 and that on this	s bosis, deoth in n	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) We	/./	D. ASSISTANT MEDICAL EXAMPLE ASSOCIATE MEDICAL EX	AMINER	DATE SIGNED
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Buriql 10 13	23C. NAME OF CEMETERY		Balto. Md.	, town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
OCT 11 1965 Role	BE, Farlant	Mc Cully	130	E. Fort Ave.
VS 151-REV. 1/1/65				

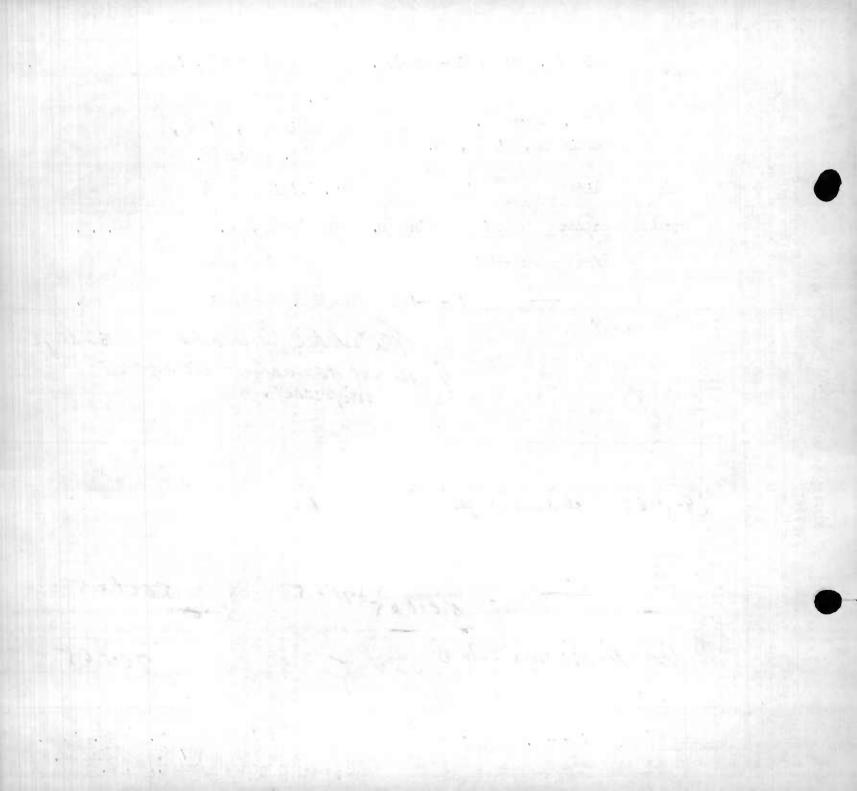


No

4-235

BIR	TH NO.	MEDI	CAL EX	AMINER'S C	EKIIFICALE OF DEATH Registered	Na.					
-	E. CASE NO.										
1 (Ty	Pe or Print)	ROBERT	F.	HOUGHTON	October 6, 1965	6:25 P					
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	on: residence before odmission)					
HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA		TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RU Baltimore	RAL and give township)					
1	Balt	imore City Ho	spitals		D. STREET ADDRESS (If rurol, give locotion) 1112 S. East Avenue	James Visited Towns of the Control o					
5. 5	Male	6. RACE White	WIDOWED, I	NEVER MARRIED DIVORCED(specify) ried	B. DATE OF BIRTH September 9, 1912 9. AGE (In years list birthday) 53	F Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.					
		yorking life, even if retired)	108. KIND OF	n Company		CITIZEN OF WHAT COUNTRY?					
13.	FATHER'S NAM			Company	14. MOTHER'S MAIDEN NAME						
	Franc	is Houghton	2		Minnie McGinn						
	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.		DDRESS					
	Yes	W.W. 11	o or germen	122-12-3190	Vonceil Kelly Houghton 111	2 S. East Ave. #2					
	1B. ()	1 % .		CAUSE	OF DEATH	INTERVAL BETWEEN					
	DISEAS	SE OR CONDITION DI	RECTLY			ONSEL AND DEATH					
		LEADING TO DEATH (A) Cor Pulmonale									
	heort foilure,	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	А	ANTECENDENT CAUSES Bronchial Asthma and Chronic									
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) PROUMONITIES (B) PROU										
-	UNDERLYIN	G CONDITION LAST.	A III O III L	(C)							
Ó		il		10/							
CERTIFICATION	TO THE	VIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO T								
CERT	19A. DATE OF		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDI						
MEDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.l	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. WHERE DID (If in Boltimore City, give of fice bldg., INJURY OCCUR?	exact location)					
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT AT W	21F. HOW DID INJURY OCCUR?						
	22. I cert	ify that I held an I	nquiry 🗌	InspectionAu	topsy 🔀 and that on this basis, death in my (pinian					
	resul	ted from: Notural car	uses X A	ccident Suicid	e Hamicide Undetermined manner						
	ACTUAL SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 10/7/65										
	EXAMIN NAME (Type) Charles	S. Pet	ty, M.D.	ASSOCIATE MEDICAL EXAMINER						
	MOVAL (Specify	MATION, 23B. DATE		C. NAME of CEMETERY	CREMATORY 23D. LOCATION (City, to	wn, or county) (Stotel					
KE	Burial.	10-11	-65	Baltimore No	rtional (em. 5501 Frederick A	Ive. Balto. Md					
24		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	Ive. Balto. Md.					
	OCT 1	1 1965 Re	F. 3 &.	arbeythan -	Charles of Leiler 9015.	Conkling St. #24					
VS	151-REV. 1/1/		1		1 6000	· · ·					



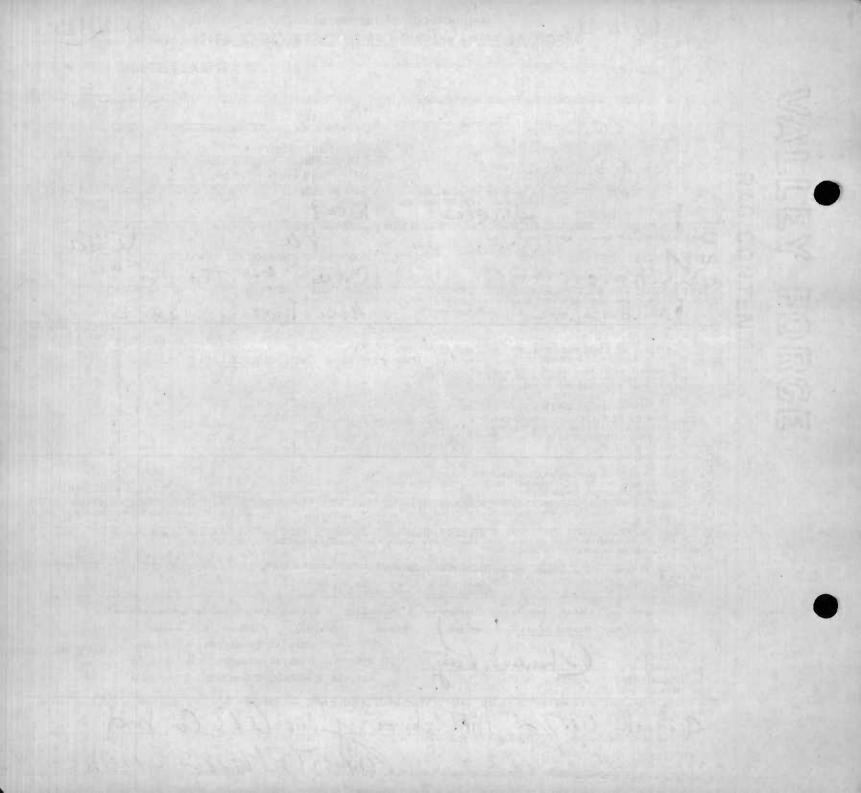


approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the hi; and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	te must be approved by the chief medical examiner or his assistant if death occurred in a hospital and s released to the hospital by a medical examiner. Also, if the direct or contributing cause of death accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased to hospital (except where the physician who pronounced death was in regular attendance on the or to death); and (6) No physician was in regular attendance on the deceased prior to death. Such oval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
icate must be	dy was	This ce
was released	dy was	the bo
An accident	(1) An	shows:
A. at a hospit	O.A. a	was D
prior to deat	sed pri	decea:

			BALTIMORE CIT	Y HEALTH DEPARTMENT	1	05 10111		
BIRTH NO.	65 1041	1	CERTIFICA	TE OF DEATH	Registered No	65 10414		
M.E. CASE NO.			CERTIFIC,					
Type or Printle	CEASED				NO HOUR OF DEATH	30		
A	CCHIE J.	LONG		10	-8-65	tilution: lesidence before admission		
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	titution: residence before admission		
				MD.				
FULL NAME		or instilution, give	street					
INSTITUTION	Oddiess of locollo	""		C. CITY OR TOWN (If ou				
/				Balto.	25	3200		
0	Lutheran	160	0	D. STREET ADDRESS (IF	iurol, give location)			
	Lutheran	- 040-0		252 W.	Meadow	Rd.		
SEX	6. RACE	7. MARRIED, NI	VER MARRIED	8. DATE OF BIRTH	9. AGE (In veois	Y		
			DIVORCED (specify)		Maria historia d	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
MALE		Man		July 27, 1905	60			
	CUPATION (Give kind of wor	108 KIND OF BU	ISINESS OR INDUSTR	Y 1 BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	of working life, even if retired)		0.00	100		WHAT COUNTRY!		
C. Mo	tors	MAIN	- Carp.	N.C.				
FATHER'S NA	AME			14. MOTHERS MAIDEN NA				
5	Benjamin	hand	ā	1.00.	Barrish			
1	sen fallin	RUNC			variah	,		
es, no or unknow	ed Ever in U. S. Armed For	ces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
110				Fam.ly		Same		
NO	1		CAHCE			INITERVAL ATTITUTE		
1.35	211		CAUSE	OF DEATH		ONSET AND DEATH		
DISE	ASE OR CONDITION DI	RECTLY	_		1	2		
	LEADING TO DEATH		(A) C	evebrovacular	Accident	2 E months		
	not meon the mode of		DUE TO					
	e, asthenia, etc. 11 meons implication which caused							
			(B) C	enebral Throm	bacie			
	ANTECEDENT CAUSES		DUE TO	The state of the s	M. I. S. b. M. weener			
DISEASES	OR CONDITIONS, il	any, giving		terio - atherosc	,			
	he obove couse (A)	stoling the	(C) An	reviv- atherose	Levesis			
UNDERLYII	NG CONDITION lost.							
	11							
OTHER SIG	NIFICANT CONDITIONS		0					
	DEATH BUT NOT RELA		Pneum	onia: Extensive	Enfected Decubi	<i>t</i> :		
J 19A DATE	DE OBERATION TIER CON	DITION FOR WH	ICH OPERATION	Onia: Extensive	of 208, IF YES WERE	INDINGS CONSIDERED		
July.	14, 1965 WAS PER	FORMED	4:1 4 4:		IN CERTIFYING CAL	ISES OF DEATH?		
X Y	1, 145 31	steral Car	0//01					
U 21 A. ACCID	ENT WAS UNDERLYING	21B, PL	ACE OF INJURY (e. ac.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)		
DEATH (not	ify medical examined	etc.)						
21 D. TIME	(Month) (Doy) (Year)	(Hand 035 11	IIIIN OCCUPATE	215 110111 515 111	HIRK OCCUPS			
OF INJURY	(Month) (Doy) (Teor)		IJURY OCCURRED	21 F. HOW DID IN.	JORT OCCUR!			
(APPROX.)		While	At Work	ile				
				0	100	11 0 10		
22. I certi	y that (I) (this haspito) ottended the	deceased fram	June 26	19 68 to 00	tober 8 19 65		
that (I) (w	ast sow the decease	ed alive on	Detober	£ 19 65 and th	hot in (my) (our) opir	nion death occurred on the do		
	ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE							
	/ /					23B. DATE SIGNED		
	2 Black	Stoff Phys.	10/8/65					
			P	Med. Director	rnys,	10/10		
23C. PHYSIC				23D. ADDRESS	1, 4,			
	object C. Black	then . M. L). M.D	Lutheran	Hosp: Tal			
	010		E of CEMETERY or C			y, town, or county) (Stote)		
REMOVAL	(Specify)	24C. NAM	E OF CENTETERS OF C					
Ru	10-12-	Cut Cel	er 14.11	Cem	Baldo 25	nd.		
SA. DATE REC	D BY HEALTH DEPT.	25B, NAME OF	REGISTRAR	25C, FUNERAL DIRECTO	R	ADDRESS		
DAI DAIL REC	O VI HEACIN OLIN	TOWN THAT OF	NE WIS INCH	la d an	1 0 11	Address 237 Pastopero		
DOT 1	1 1065 0 0	60 T	N	Mc Cully -	taren xac	25/Varagine		
	A. TOUS (IF I)		Back to the					

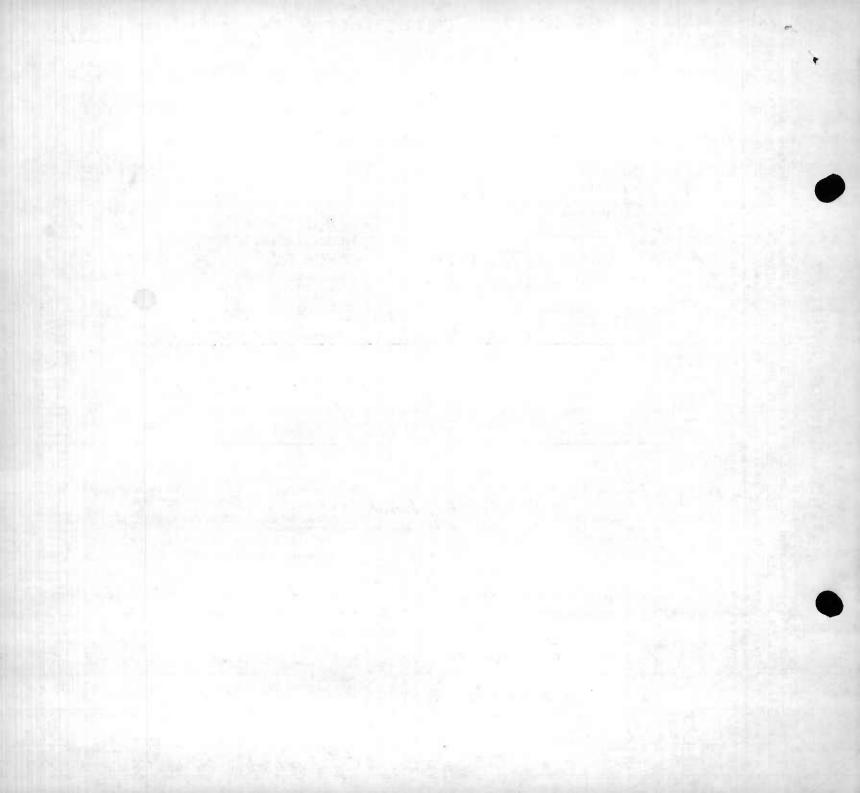
Corchemicaline Account Compay Thompson Achieve state curtains Paternana, Edward Labelland. magnification with the sale of Total Comment of the State of the Comment of the Co T Elachon Lattern Hospital District C Comments

14 000	M.E. CASE NO.	CERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) SARAH MOORE	September 29, 1965 8:50 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN IIf outside corporate limits, write RURAL and give township)
	Provident Hospital	Baltimore D. STREET ADDRESS (If rurol, give locotion) 560 Oxford Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
	Female Negro WIDOWED, DIVORCED(specify)	Dec! 47
	done during most of working life, even if petired	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), lifyyes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
	unterown -	Rose mar Jones 2152 Sof am
	4701	SE OF DEATH VITERVAL BETWEEN ONSET AND DEATH
		ertensive Cardiovascular Disease.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE	
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	UNDERLYING CONDITION LAST.	
	UNDERLYING CONDITION LAST. Z OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	UNDERLYING CONDITION LAST. Z O II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED Yes IN CERTIFYING CAUSES OF DEATH? Yes
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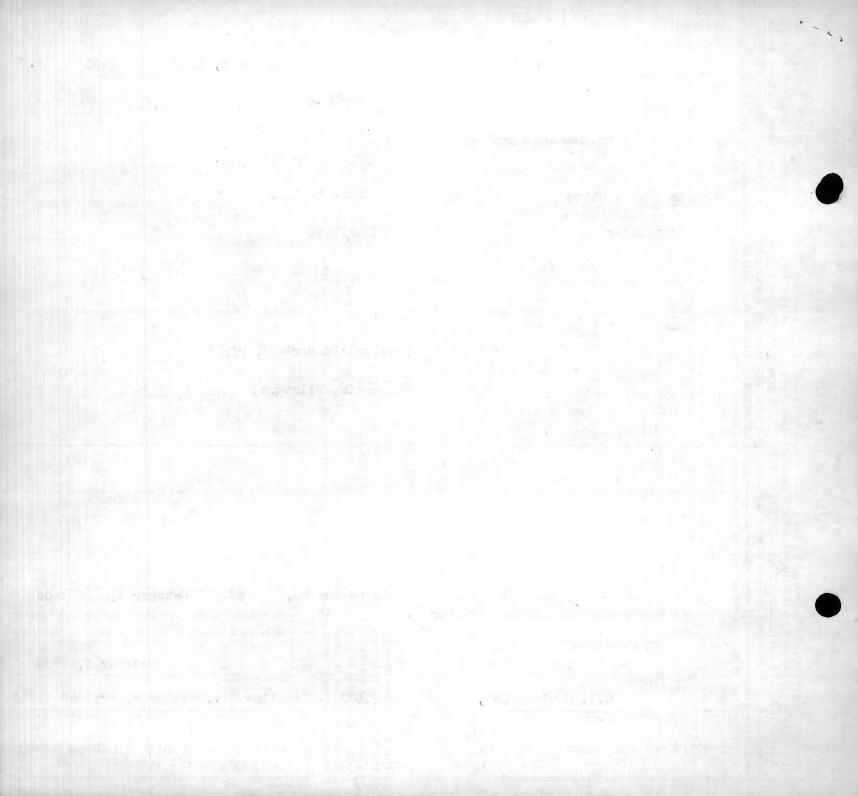


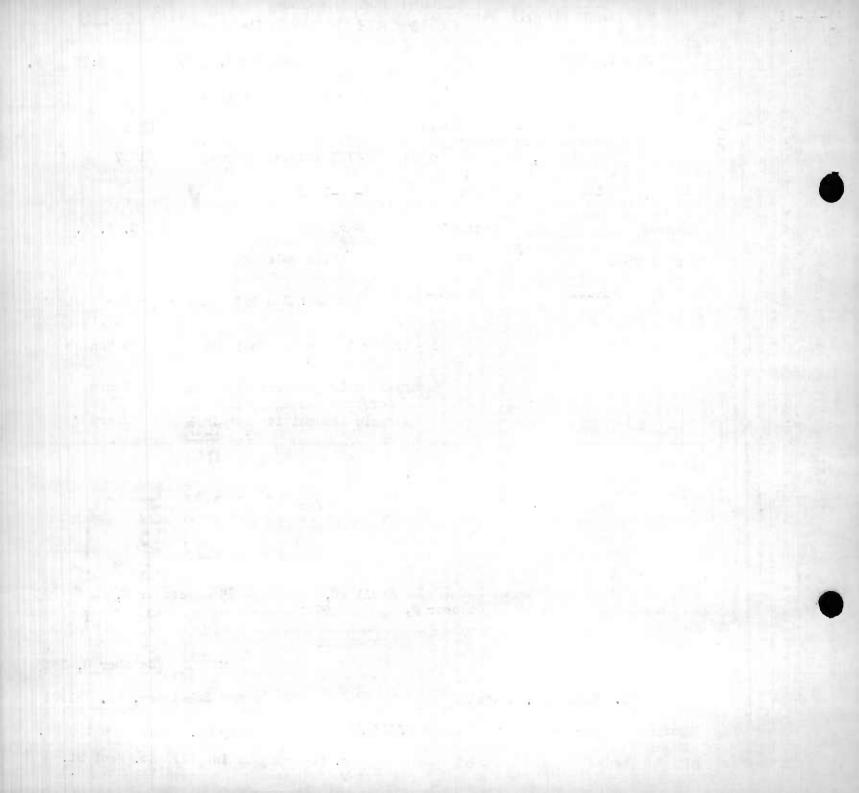
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V\$ 150-REV, 1/1/65



	65 104	118	BALTIMORE CITY	HEALTH DEPARTMENT		110 45 446	
BIRTH NO.	00 104	110	CERTIFICA	TE OF DEATH	Registered No	55 10418	3
NAME OF DE	CEASED			2. DATE AN	D HOUR OF DEATH		
Type or Print)		Anna				0.00	Α.
PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (When	er 7, 1965 re deceosed lived. If ins	9:00	odmissio
FULL NAME HOSPITAL OR			give street	Maryland B. COUN		Ball	
INSTITUTION	oddiess of locollon				tside city limits, write R	URAL ond give township	p)
//	St. Joseph	h Hospit	tal	Baltimore 21236 D. STREET ADDRESS (IF	rurol, give location)	00.00	
				3702 Putty Hill	Ave.		
. S EX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours	der 24 H
omale	White	47541	lowed	Sept. 1, 1888	77		
OA. USUAL OC	CUPATION (Give kind of work f working lite, even if retired)			11. BIRTHPLACE (State or fore	gn country)	12, CITIZEN OF WHAT COUNTRY	,
-	maker			Maryland			
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME O	4. 1	
105	FAH HERKY	1		JOSEPHIN	E PRA	BEK	
5. Wos Decease Yes, no or unknow	d Ever in U. S. Armed Ford	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	•0	ADDRESS	
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	LEADING TO DEATH		(A) Cere	bral hemorrhage,	right		
	not mean the made of , asthenia, etc. 11 means		DUE TO				
	mplication which caused						
	ANTECEDENT CAUSES		(B) Ineu	monia, bilateral		*****	*********
DISEASES	OR CONDITIONS, if	ny, giving	DOE 10				
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CHOCKETTI							
≥ TO THE	III NIFICANT CONDITIONS CODEATH BUT NOT RELA	TED TO THE					
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21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)			le At Not Whit	e 🖳			
		Wor		-1-1-05	05 01	1	25
				ptember 25,			
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and haur a	nd from the causes stat	ed abave. (I) (We) (did) (did nat) v	lew the body ofter death.			
23A. SIGNAT	URE O O	<u></u>		TOTAL POPULATION		23B, DATE SIGNED	
	DRISom	dete	M.D. Atte	ending Med. Director	Stoff Phys.	October 7, 1	1965
23 C. PHYSICI	AN'S			23D. ADDRESS			
NAME	D.R. Govi	nda Rao	M.D.	1400 N. Carolin	e St., Baltim	ore, Maryland	212
24A. BURIAL CR	EMATTON, 24B, DATE		ME of CEMETERY OF CRE			y, town, or county)	(Stote)
REMOVAL	(Specify)	/ N.	1 + N.+	1/1 11	luster,	1/4	.510101
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OCT 1	1 1965 () 0	25B. NAME C	F REGASTRAR	25G. FUNERAL DIRECTOR	C. 1 9912 h	Implance Kar	917
0011	I wood (lower)	n 5' 7'0		C. L. LUANSI	1014 0 00 EL	A MICHORD 110	,
S 150-REV. 1/1	/65			7 0 0 2			





VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Sol V MARKATER LA PARTIE NO.

VS 151-REV. 1/1/65

65	10421		BALTIMORE CITY HEA	LTH DEPARTMENT	r		00	1042	1
BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	E OF DE	ATH Regi	stered Na		
M.E. CASE NO.									
1. NAME OF DECE (Type or Print)	LILLIE	GREYY	HOFF			er 7, 19	965		20 A
3. PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	NCE(Where dece	osed lived. If B. (institution: resid	ience before	odmis sio
FULL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Mary	riand				
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOW		porote limits,	Write KUKAL or	id give low	aship)
2					imore		U O	9	
Church	Home and Hos	Spital		D. STREET ADDRE	S. Eden				
5. SEX 6	. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		. AGE (In year	ors If Under	1 Yr, If Un	der 24 Hr
		WIDO WED,	DIVORCED (specify)			ost birthdoyl		Doys Hou	
Female	White		BUSINESS OR INDUSTR	Nov. 23, 19		40	12. CITIZE	IN OF	
	orking life, even if retired)					attiry)	WHA	T COUNTRY	1?
3. FATHER'S NAME		CIOCIII	ng Mfg.	North Ca			U.	S.A.	
	ver Clevelar	nd Harre	11	Dora Be					
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
No	ir yes, give wor or dole	s of services	241-20-8382	Wesley H	Harrell	190	5 Swanse	a Poar	1 (1/1)
18.	1 1	-	_	E OF DEATH	MIICII	170.	J Jwalise	INTERVAL	BETWEEN
081	701							ONSET AN	D DEATH
DISEASE	OR CONDITION DIL	RECILI	(A) Fat	tv Liver.			1000		
DISEASES O RISE TO THE UNDERLYING	R CONDITIONS, IF A ABOVE CAUSE (A) ST	NY. GIVING	(B) DUE TO						••••
<u> </u>	11								
O THE D	IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	LATED TO T							********
19A. DATE OF	OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B.				
0 2	WAS PERI	FORMED		Yes	IN (ERTIFYING C	AUSES OF DE	ATH? Y	les
O UNDERLYING UTING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg., NJURY	HERE DID (If in OCCUR?	Boltimore City	, give exact la	cotion)	i i
Z 21D TIME	(Month) (Day) (Year	Hour) 2	TE. INJURY OCCURRED	21 F. HO	W DID INJURY	CCUR?			
OF INJURY (APPROX.)		_ v	VHILE AT NOT	WHILE					
22.									
	fy that I held an I				that on this bo				
resulte	ed from: Natural car	uses X A	scident Suicid			termined ma	inner 🔛		
ACTUAL	0/	- 0 1	//-		DICAL EXAM			DATES	IGNED
SIGNATU	: pic	alle!	//	ASSISTANT ME				10/7/	65
NAME (T	ype) Charles		ty, M.D.						
23A. BURIAL CREM REMOVAL (Specify)	ATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23D. LOCA		City, town, or c		(Stote)
Burial	Oct.11			Mem. Park		roll C	ounty,	Mar	yland
24A. DATE REC'D B		0 7	OF REGISTRAR	24C. FUNERA				DDRESS	
OCT 11	1965 120	Fr St at	A. Brack . R	Um Co	ok-Brooks	.Inc.	1217 9	t. Pau	1 Str

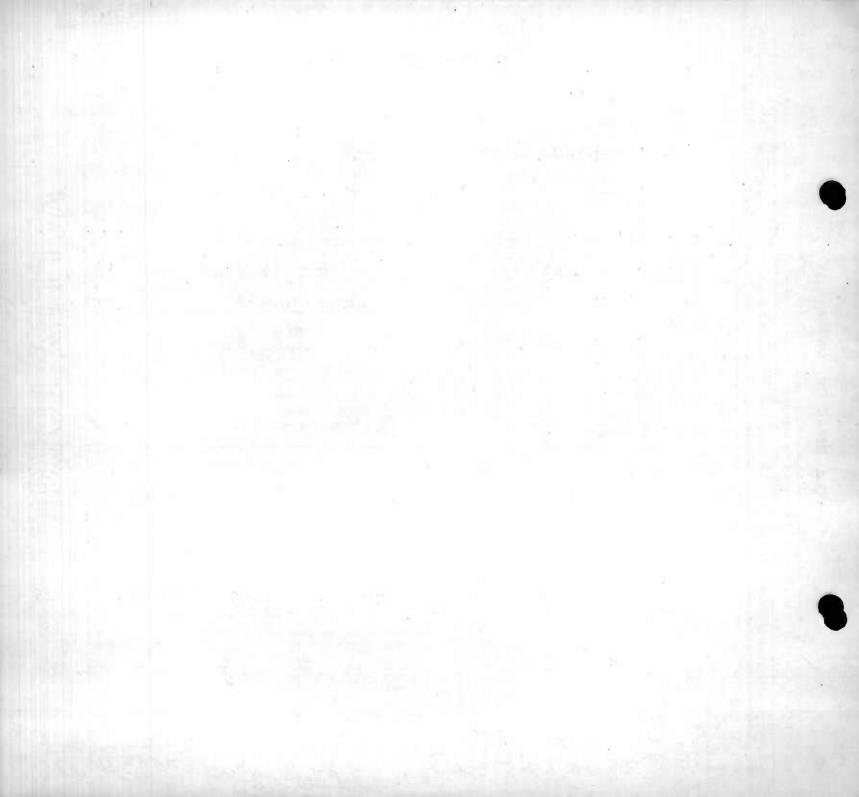
ALAN TELEVISION A CONTRACTOR OF THE PROPERTY O

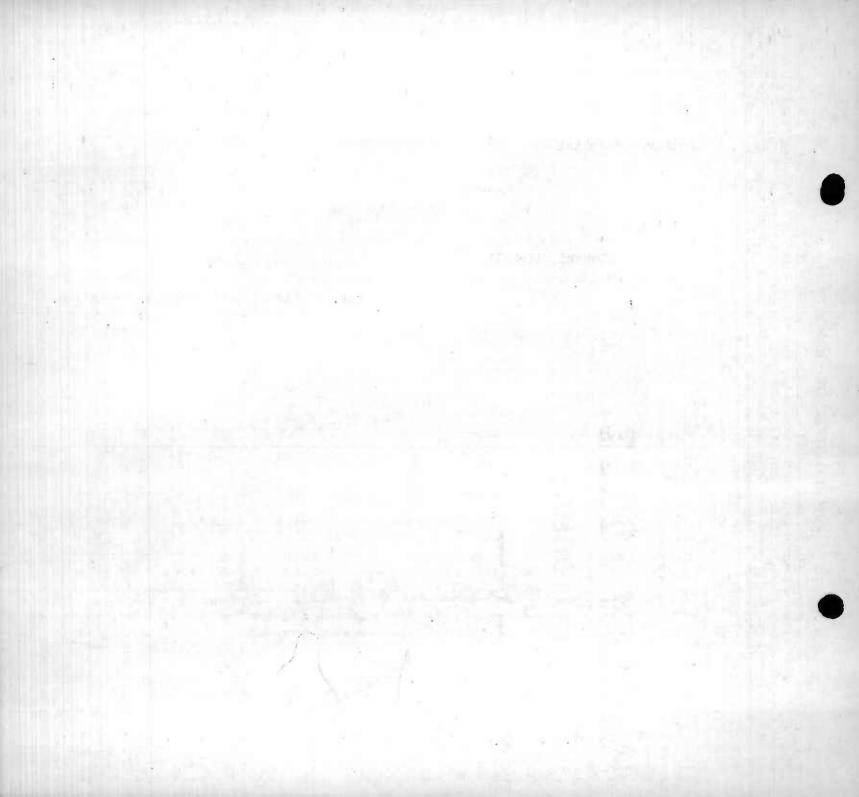
FUNERAL DIRECTOR: IMPORTANT

	e or Print)	14vague T	AGN	Es Hold	2. DATE AN	T 4,196	1
3. P	LACE OF DEA	TH IN BALTIMORE, MA		//	4. USUAL RESIDENCE (Whe	re deceased lived. If i	institution: residence before admis
H	FULL NAME OF	(If not in hospital oddress or location	or institution, n)	grve street	Md. Ba	altimore	RURAL and give township)
7	A	Mt. Siani	Nursin	ng Home	Baltimore, Md.		
1	0	4613 Park		•		rurol, give location)	
				, NEVER MARRIED	4613 Park He		
5. S	F	W	Neve	b, DIVORCED (specify) er Married	B. DATE OF BIRTH Unknown	9. AGE (In years lost birthday) About 85	If Under 1 Yr. If Under 24 Months Doys Hours Mi
		PATION (Give kind of work rorking life, even if retired)	108, KIND OI	F BUSINESS OR INDUSTRY	7 11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
	Housekee		Privat	e Homes	Baltimore,	Maryland	U.S.A.
13. 1	FATHER SMAC				14. MOTHER'S MAIDEN NA		
	XXXXXX	In Holden			In Mary (unl	known)	
15. V (Yes	Was Deceased , no or unknown) NO	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 219-30-4260	17. INFORMANT Father Dalton		se R.C. Church ghts Ave Balt.Md.
	18. 44. 41.	2 VI		CAUSE	OF DEATH		INTERVAL RETWEEN
		E OR CONDITION DIE	RECTLY		1 1		ONSET AND DEATH
		LEADING TO DEATH		(A) C-	erebroil h	(wowhere	ye Lacy
	ATL: June						
		of mean the mode of		DUE TO			00111-1
	heart lailure,	of mean the mode of asthenia, etc. It means plication which coused	the disease,	DUE TO	1 / A-7	extend to a	Several
	heart lailure, a	asthenia, etc. It means	the disease, deoth.)	OUE TO	rebuil Art	ersuseleros	sis George
	heori lailure, injury or comp	asthenia, etc. II means plicotion which coused INTECEDENT CAUSES R CONDITIONS, if	the disease, deoth.)	B) C) DUE TO	rebuil ArT	ersos elevos	is George Several
	heart laiture, injury or comp A DISEASES Orise to the	asthenia, etc. II means plicotion which coused INTECEDENT CAUSES R CONDITIONS, if abave cause (A)	the disease, deoth.)	B) CO	rebent Art	ersos elevos ustrosos es	is Gerral
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TION	heori lailure, or injury or comp A DISEASES Orise la lhe UNDERLYING OTHER SIGNIF TO THE DE	asthenia, etc. II means plicotion which coused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELA	the disease, deoth.) ony, giving stolling the	G	rebuil Art	ersos elevos endroros es elisca	sis General Les General
CAT	heort lailure, of injury or company or compa	asthenia, etc. II means plicotion which coused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION lost.	ony, giving sloting the CONTRIBUTINATED TO THE	G IE	rebord Arts	oll 20B. IF YES. WERE	Several Several Jegs Le Jegs Findings considered auses of death?
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CAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTED OF	asthenia, etc. II means plication which coused interest to the couse of the couse of the couper of t	ony, giving sloting the CONTRIBUTINATE. CONTRIBUTINATE. CONTRIBUTINATE. CONTRIBUTINATE. CONTRIBUTINATE. CONTRIBUTINATE. CONTRIBUTINATE. CONTRIBUTINATE.	G HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, company)	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATI	heori lailure, cinjury or comparing the injury or comparing to comparing the UNDERLYING OTHER SIGNIFT TO THE DEDISEASE OR CONTRIBUTION OR CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour ond	asthenia, etc. II means plication which coused in the coused in the couse of the co	ony, giving stolling the CONTRIBUTIN ATED TO THE TOTAL TO THE TOTAL TOTA	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, of the foctory) C. (NJURY OCCURRED Not What Work At Work the deceased fram	20A. AUTOPSY? (Yes or Notin or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	O) 20B. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locohon) 19 21 21 21 21 21 21 21 21 21
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MEDICAL CERTIFICATI	heori lailure, injury or command injury or command injury or command injury or command injury or contribution injury (APPROX.) 21 D. TIME 22 L certify on the command injury (APPROX.) 22 L certify on the command injury (APPROX.) 23 C. PHYSICIAL NAME (Type)	asthenia, etc. II means plication which coused interest to the couse of the couse of the couse of the couse of the coupen of the	ony, giving stolling the CONTRIBUTION ATED TO THE TOTAL TO THE TOTAL THE TOT	WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, f	20A. AUTOPSY? (Yes or Not provided in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJuly of the body ofter death. 19	O) 20B. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locohon) 19 Salnion death accurred an the
MEDICAL CERTIFICATI	heori lailure, cinjury or command injury (APPROX.) 21 A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour ond 23A. SIGNATU	asthenia, etc. II means plication which coused interest to the couse of the couse of the couse of the couse of the coupen of the	ine disease, deoth.) ony, giving sloting the contribution for the contr	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, f	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJuly 19 County and the body ofter death. 19	O) 20B. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion) 19 Similar death accurred an the 23B, DATE SIGNED (City, town, or county) (Sto

en de la companya de

BIRTH NO.	65, 1042	3/3	TE OF DEATH	Registered No	65 10423
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASED	ATA Iomes Nelson		ID HOUR OF DEAT	
3. PLACE OF D	Jones Jimmy	LAND institution, give street	4. USUAL RESIDENCE (Whe A. STATE B. COUN	er 5, 1965	institution: residence before admissia
HOSPITAL OF	Provident		C. CITY OR TOWN (If our Baltimore		e RURAL and give township)
/	Baltimore,		339 Bloom Str	rural, give locotian)	
Mal e	6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED specifyl	Apris 20, 1925	9. AGE (In years lost bighday)	If Under 1 Yr. II Under 24 Hr Manths Days Haurs Min.
	CUPATION (Give kind of wark) of working life, even if refired)	OB, KIND OF BUSINESS OR INDUSTRY	Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	in H. la No	e S	14. MOTHER'S MAIDEN NAI EMMA W	Ash ing	TON
7es, no or unknow	ed Ever in U. S. Armed Farce vn) (II yes, give war ar dates WW 11		17. INFORMANT EMMA JON	es	3124 BAKE 95
DISEASES rise to UNDERLYII	ANTECEDENT CAUSES OR CONDITIONS, if or the obove couse (A) is the obove couse (A) is the obove couse (B) is the o	ny, giving sloling the (C) SC	Derotic Can	& Arle, lio-Vasce	Rio Disease.
4.4	PR CONDITION CAUSING IT. OF OPERATION 198. COND WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	n ar obout 21 C. WHERE DID	(II in Baltim	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Manthi (Dayi (Year)	(Hauri 21 E. INJURY OCCURRED While At Wark Nat Wark		URY OCCUR?	
that (I) (w	e) lost saw the deceased	ottended the deceosed from October 5, dobove. (I) (We) (did) (did not)	19 65 ond th	1965 to Oct of In(my) (our) o	
23A. SIGN A	LATE.	/ / M.D. AH	ending Med.	Stall	238. DATE SIGNED
23C. PHYSIC NAME	IAN'S (Type) CFF R	THEODORF M.D.	23D. ADDRESS 1514 Division	n Street	October 6, 1965
BALLA	(Specily) 10/11/65	- Betterine nat	EMATORY 240. L		(City, town, or county) (State)
25A. DATE REC OCT 11 VS 150-REV. 1/	1965 P. C. S. S. 1765	E, Faluma	25C. FUNERAL DIRECTOR	Russ &	222 W. Mortlan





ype or Print)	COLLIER, Male	o Teeny				ober 8, 196	
PLACE OF DI	EATH IN BALTIMORE, MAI				B. COU	ere deceased lived, If NTY	institution; residence before adm
FULL NAME HOSPITAL OR	OF (If not in hospital a oddress or location	or institution,	give street		sylvania		e RURAL and give township)
	s Administrati och Raven Boul	-	ital	East o		f rurol, give location)	
	more, Mayyland	_		132-1	East L	incoln Stre	et
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF		9. AGE (In years lost bighday)	If Under 1 Yr. If Under 2
Male	Negro	Sing	le	3/28,		40	
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	r	Const	ruction	Green	wood, S	. C.	U.S.A.
FATHER'S NA	AME			14. MOTHER	S MAIDEN NA	ME	
a.	-174			0	ai a Diana		
Malco Co	ed Ever in U. S. Armed Fore	ces?	16. SOCIAL	17. INFORMA	rie Dixo		Loch Raven Blvd
s, no or unknow	vnf (If yes, give wor or date	s of service)	SECURITY NO.	TA IIa-	dan D-		
Yes	6/6/44 - 11/	3/44	250-14-8747	_ A	oital Re	coros ball	imore, Md 21218
1B. O O	2		19	F DEATH			ONSET AND DEAT
DISEA	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY	"Cor	Pulmon	are #		Long Standi
	not mean the mode of		DUE TO	का सम्पूर्णन्त्रपुरं पूर्व पूर्व पूर्व के किया किया किया किया किया किया किया किया	**********	\$\$\$0.00 a mark \$0.00 a mark \$0.	***************************************
	e, asthenia, etc. It means						tt It
	ANTECEDENT CAUSES		(B) Pulr	nonary]	nsuffic	eincy	
DISEASES		any sivie-	DUE TO				
	OR CONDITIONS, if the obave cause (A)		(c) Pulr	nonary I	ubercul	osis	n n
	G CONDITION last.		A000 TT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
OTHER SIGN	IG CONDITION IOSI. II NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH					
OTHER SIGN TO THE DISEASE OF	IG CONDITION Iosi, II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO THE		20 A. AUT			RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF 19A. DATE CO. 21A. ACCID OR CONTRIE	NG CONDITION last. 11 NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I'	TED TO THE	WHICH OPERATION -PLACE OF INJURY (e.g., in the part of the part o	n or obout 21 C	DPSY? (Yes or N	IO) 20B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF 19A. DATE CONTRIED OR CONTRIED DEATH (notice)	II NIFICANT CONDITIONS CONDEATH BUT NOT RELAR CONDITION CAUSING I'DF OPERATION 198. CON WAS PERFORMED WAS UNDERLYING CAUSE OF	TED TO THE	WHICH OPERATION -PLACE OF INJURY (e.g., in the part of the part o	n or about 21 C ffice bldg., INJ	DPSY? (Yes or N	IO) 20B. IF YES, WEF	
OTHER SIGN TO THE DISEASE OF 19A. DATE COR CONTRIE DEATH (notice)	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING BUTING CAUSE OF fy medical examines)	TED TO THE T. DITION FOR FORMED 218 homeles. (Hour) 21E	PLACE OF INJURY (e.g., in the property of the	n or about 21 Cffice bldg., INJ	DPSY? (Yes or N	IO) 208, IF YES, WEF IN CERTIFYING (
OTHER SIGN TO THE DISEASE OF CONTRIED DEATH (notice) DEATH (notice) DEATH (APPROX.)	NG CONDITION last. 11 NIFICANT CONDITIONS CONDEATH BUT NOT RELATED TO CAUSING I OF OPERATION 198. CON WAS PERFORMED CAUSE OF (y medical examine)	TED TO THE TOTAL T	PLACE OF INJURY (e.g., in the property of the	n or about 21 Cffice bldg., INJ	DPSY? (Yes or N . WHERE DID URY OCCUR?	IO) 20B. IF YES, WEI IN CERTIFYING ((If in Boltin	nore City, give exact location)
OTHER SIGN TO THE DISEASE OF CONTRIED DEATH (notified of INJURY (APPROX.)	INTERPOLATION IN THE PROPERTY OF PERSON OF THE PROPERTY OF THE	TED TO THE TOTAL T	PLACE OF INJURY (e.g., in the tenth of the t	n or obout 21C ffice bldg., INJ	DPSY? (Yes or N. WHERE DID URY OCCUR?	JURY OCCUR?	note City, give exact location) Ober 8
OTHER SIGN TO THE DISEASE OF 19A. DATE OF CONTRIE DEATH (notil) (APPROX.)	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer (Month) (Day) (Yearly that (Month) (Day) (Yearly) lost saw the decease	TIED TO THE TOTAL	WHICH OPERATION PLACE OF INJURY (e.g., indee, form, foctory, street, on the foctory). INJURY OCCURRED White All All Work he deceased from All October 8	n or about 21C ffice bldg., INJ 21F.	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN	JURY OCCUR?	note City, give exact location) Ober 8
OTHER SIGN TO THE DISEASE OF 19A. DATE OF CONTRIE DEATH (notification) (APPROX.)	INTERPOLATION IN THE PROPERTY OF PERSON OF THE PROPERTY OF THE	TIED TO THE TOTAL	WHICH OPERATION PLACE OF INJURY (e.g., indee, form, foctory, street, on the foctory). INJURY OCCURRED White All All Work he deceased from All October 8	n or about 21C ffice bldg., INJ 21F.	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN	JURY OCCUR?	note City, give exact location)
OTHER SIGN TO THE DISEASE OF 19A. DATE OF CONTRIE DEATH (notification) (APPROX.)	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING ENT WAS UNDERLYING (Manth) (Day) (Yearl (Month) (Day) (Yearl	TED TO THE T	PLACE OF INJURY (e.g., in the tenth of the t	n or obout 21 C ffice bldg., INJ 21 F. 21 F. 21 F. 21 F. 21 F. 21 F.	DPSY? (Yes or Now How DID IN ond to y after death	JURY OCCUR?	ober 8 19
OTHER SIGN TO THE DISEASE OF 19A. DATE OF INJURY (APPROX.) 22. I certif that (I) (Jean of hour of hou	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Yeorl (Month) (Day) (Yeorl (Yeorl (Yeorl (Yeorl (Yeorl (Yeorl (Yeorl) (Yeorl (Yeorl) (Yeorl (Yeorl) (Yeorl)	TED TO THE T	PLACE OF INJURY (e.g., in the tenth of the t	n or about 21C ffice bldg., INJ 21F.	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN	JURY OCCUR?	ober 8 19
OTHER SIGN TO THE DISEASE OF 19A. DATE OF INJURY (APPROX.) 22. I certif that (I) (Jean Condition of Injury (APPROX.)	IS CONDITION I asi. II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Yearl (Month) (Day) (Yearl (Y	TED TO THE T	WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of the cont	n or about 21C ffice bldg., INJ 21F. 21F. 21F. 21F. 21F. 21F. 21F. 21F.	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN ond to after death Med. Director	JURY OCCUR? 19 65 to Oct Stoff Phys.	sober 8 19 ppinion deoth occurred on the 10/8/65
OTHER SIGN TO THE DISEASE OF 19A. ACCID OR CONTRIE DEATH (noting the property of the total of th	IS CONDITION I asi. II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Yearl (Month) (Day) (Yearl (Y	TED TO THE T	WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of the cont	n or obout 21 C. ffice bldg., INJ 21 F. 21	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN ond to after death Med. Director Spital 3	JURY OCCUR? 19 65 to Oct hat in (my) (out) c	populate signed
OTHER SIGN TO THE DISEASE OF 19A. ACCID OR CONTRIE DEATH (notified possible) 19A. ACCID OR CONTRIE DEATH (notified possible) 19A. SIGNAT 1	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING ENT WAS UNDERLYING (Manth) (Day) (Yearl (Month) (Day) (Yearl (Yearl (Was perf (Month) (Day) (Yearl (Yearl (Month) (Day) (Yearl	TED TO THE TOTAL T	WHICH OPERATION PLACE OF INJURY (e.g., indee, form, foctory, street, on the first of the first of the first of the first of the deceased from the deceased from the deceased from the deceased from the first of the	n or obout 21 C ffice bldg., INJ 21 F. 22 F. 23 D. ADDRESS VA HOS Baltin	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN ond to after death Med. Director Spital 3	JURY OCCUR? 19 65 to Oct Stoff Phys.	pinion deoth occurred on the 10/8/65
OTHER SIGN TO THE DISEASE OF 19A. ACCID OR CONTRIE DEATH (notified of INJURY (APPROX.) 22. I certified that (I) (1) and hour of 23A. SIGNAT	IS CONDITION Iasi. II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING BUTING CAUSE OF (y medicol exominer) (Month) (Day) (Yearl Iy that (A) (this hospital b) lost saw the deceose and from the couses state URE URE M. Land EMATION, 248. DATE	TED TO THE TOTAL T	PLACE OF INJURY (e.g., integration of the control o	n or obout 21 C ffice bldg., INJ 21F. 22 E	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN ond to after death Director Director 240.	JURY OCCUR? 19 65 to Oct hat in (my) (out) c	pinion deoth occurred on the 23B, DATE SIGNED 10/8/65 IVEN BOULEVARD (Sign, town, or county)
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. DEATH (notified of 19A. DATE OF 19A. SIGNATION OF 19A. BURIAL CREMOVAL BURIAL CREMOVAL	IS CONDITION Iasi. II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING BUTING CAUSE OF (y medicol exominer) (Month) (Day) (Yearl Iy that (A) (this hospital b) lost saw the deceose and from the couses state URE URE M. Land EMATION, 248. DATE	TED TO THE T. DITION FOR FORMED 218 honels. Wh. W.	WHICH OPERATION PLACE OF INJURY (e.g., indee, form, foctory, street, on the first of the first of the first of the first of the deceased from the deceased from the deceased from the deceased from the first of the	21F, 21F, 21F, 21F, 21F, 21F, 21F, 21F,	DPSY? (Yes or No. WHERE DID URY OCCUR? HOW DID IN ond to determine the death of th	JURY OCCUR? 19 65 to Oct hat in (my) (out) co. Stoff Phys. 900 Loch Raryland, 212 LOCATION	pinion deoth occurred on the 23B, DATE SIGNED 10/8/65 IVEN BOULEVARD (Sign, town, or county)

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IMPORTAN

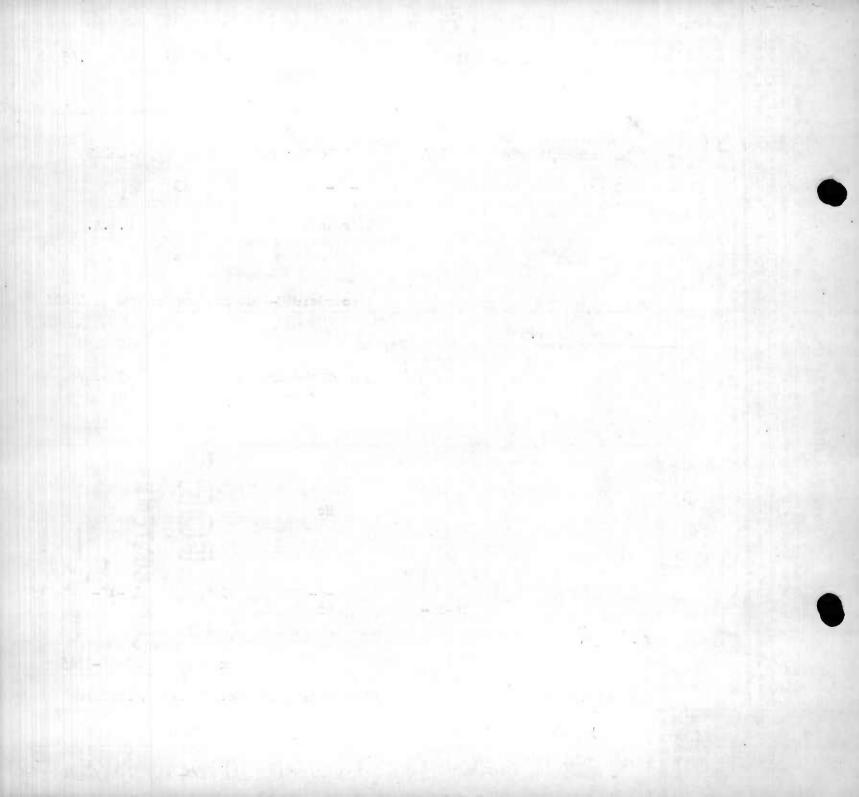
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

-37-57-65



(Type or	E OF DECE	ASED				2. DATE ANI	HOUR PRONOUNCE	ED DEAD	_
	rnnn	SHAR	ON	STURGILL			10/9/65		5:40 p.
		AORE, MARYLAND, V			A CTATE	yland	deceosed lived. If inst 8. COU	NTY	dence before adm
HOSPITA	AME OF	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL at	nd give tawnship
11431110	11014				H	altimor	9	1	-06
2					D. STREET ADE	RESS (If rurol,	give lacation)		-
	South	Baltimore	General	Hospital		3812 Le	o St.		
5. SEX		RACE	7. MARRIED	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	TĤ .	9. AGE (In years last birthday)	If Under	1 Yr. If Under 2
fema	le	white	Sin	_	2-25.	1.0	23		
IOA. USL	JAL OCCUP	ATION (Give kind of wo	rk 108. KIND O	F BUSINESS OR INDUST		(State or foreig	n country)	12. CITIZI	
dane duri		rking life, even if retired)						WHA	T COUNTRY?
13. FATH	Unk IER'S NAME			Unk	14. MOTHER'S	ALDEN NAME		0.5	A
							N K I LEED		
Le	ster E	. Sturgill			Ruth 1	Jeighbor	S		
		EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No	N		Unk	Took on T	C.L.	477 0	- 73	
18.	FO	71			Lester I	r ounte	till, Same	as Dr	INTERVAL BETV
4	50	(5,7							ONSET AND D
		OR CONDITION DEAT		Min	tiple inju	ries		1000	
(1	his daes no	mean the mode of	of dvina e.a.	OUE TO					
in	eon tollure, o	sthenio, etc. It meor dication which caused	l death.)						
						•••••			
		TECENDENT CAUS		(B)					
RI	ISEASES O	R CONDITIONS, IF	ANY, GIVING	DUE TO	· · · · · · · · · · · · · · · · · · ·			0.557	
RI	ISEASES O	R CONDITIONS, IF	ANY, GIVING						
RI	ISEASES O	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST	ANY, GIVING	(B)(C)					
RI	DISEASES OF THE NOTERLYING	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST	ANY, GIVING STATING THE	(C)					
RI	OISEASES OF SIGN OF THE SIGN OF THE COMMENT OF THE	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST II FICANT CONDITION EATH BUT NOT R	ANY, GIVING STATING THE S CONTRIBUTION ELATED TO	(C)					
RI	OTHER SIGNIO THE DISEASE OR	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST II FICANT CONDITION EATH BUT NOT R CONDITION CAUSIN	ANY, GIVING STATING THE SCONTRIBUTI ELATED TO IG IT.	(C)					
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CERTIFICATION	OTHER SIGNIO THE DISEASE OR	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST II FICANT CONDITION EATH BUT NOT R CONDITION CAUSIN DEPERATION 198. CO WAS PE	S CONTRIBUTE ELATED TO IG IT. NOTION FOR	(C)ING THE WHICH OPERATION	ye	S	208. IF YES, WERE FII IN CERTIFYING CAU!	SES OF DE	ATH?
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AEDICAL CERTIFICATION	OTHER SIGN. OTHER SIGN. OTHER DISEASE OR DATE OF DESTRUCTION	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST II FICANT CONDITION EATH BUT NOT R CONDITION CAUSIN DEFRATION 198. CO WAS PE CAUSE WAS DR CONTRIB- E OF DEATH.	S CONTRIBUTE ELATED TO IG IT. NOITION FOR RFORMED 218, hom etc.)	(C)	ye, in ar obaut 21C. INJUI	where DID ey occur? nkfurst	IN CERTIFYING CAUS	ve exact la	ATH?
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MEDICAL CERTIFICATION OF 1 100	OTHER SIGNION THE DISEASE OR DATE OF DERLYING CAUS	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST II FICANT CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONTRIB- CAUSE WAS PER CONTRIB- OF DEATH. (Month) (Doy) (Ye) 9 65 2	S CONTRIBUTION FOR REFORMED 21 B. hom etc.) (Hour) (15 a. m.	COLUMN (C)	ye in ar obout 21C. affice bidg., INJUI Fre T WHILE X OF	where DID by OCCUR? nkfurst now DID INJU- erator	of car which	ses of de	St. /
MEDICAL CERTIFICATION NEDICAL CERTIFICATION OLI 190 OL	OTHER SIGNIO THE DISEASE OR DATE OF DERLYING CAUS	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST II FICANT CONDITION LAST PERATH BUT NOT R CONDITION CAUSIN DEPARTION 198. CO WAS PERATION 198. CONDITION CAUSIN DEPARTION 199. CONDITION CAUSIN DEPARTION 199. CONDITION CAUSIN DEPARTION 199. CONDITION CAUSE WAS DEPARTION	S CONTRIBUTION FOR REFORMED 218, homeon (Hour) 145 a. m.	(C)	yet, in ar obout 21C. affice bidg, INJUI Fra 21F. F	where DID by OCCUR? Inkfurst IOW DID INJU erator	St. near Separate of car which is basis, death in m	econd stru	St. Ack pole
MEDICAL CERTIFICATION NEDICAL CERTIFICATION OLI 190 OL	OTHER SIGNIO THE DISEASE OR DATE OF DERLYING CAUS	R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST II FICANT CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONTRIB- CAUSE WAS PER CONTRIB- OF DEATH. (Month) (Doy) (Ye) 9 65 2	S CONTRIBUTION FOR REFORMED 218, homeon (Hour) 145 a. m.	COLUMN (C)	yet, in ar obout 21C. affice bidg, INJUI Fra 21F. F	where DID by OCCUR? Inkfurst IOW DID INJU erator	of car which	econd stru	St. Ack pole

SIGNATURE WWW.

ASSISTANT MEDICAL EXAMINER X EXAMINER'S
NAME (Type) Werner U. Spitz, M.D.

23C. NAME of CEMETERY of CREMATORY ASSOCIATE MEDICAL EXAMINER

10/10/65

23A. BURIAL CREMATION, 23B. DATE

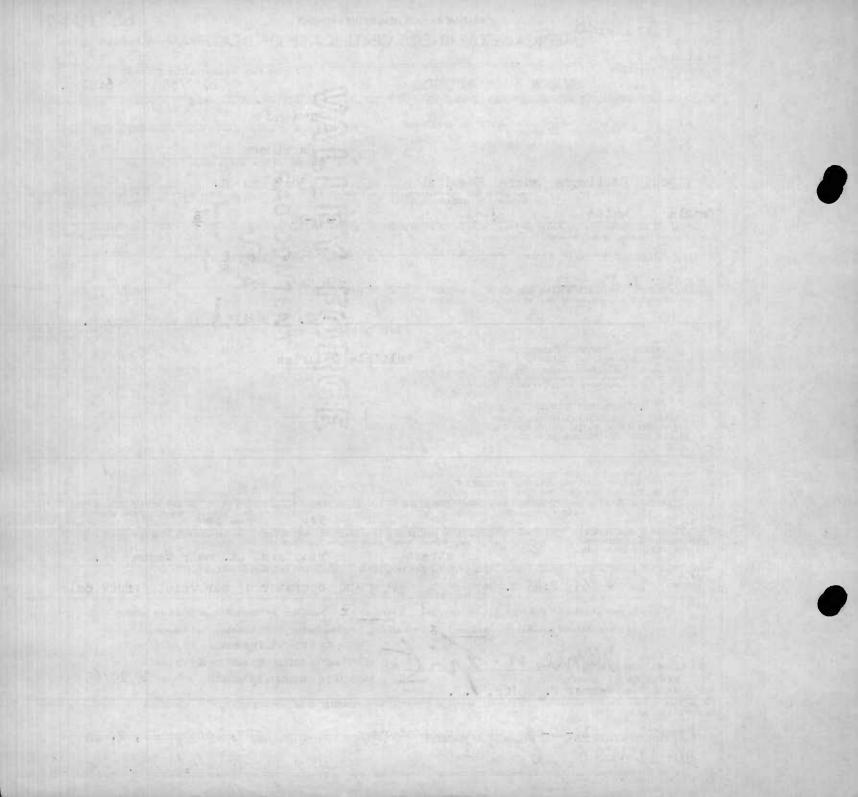
23 O. LOCATION (City, town, or county) (State)

HEALTH DEPT. 248, NAME OF REGISTRAR

McCully Funeral Home, 130 E. Fort Ate

24C. FUNERAL DIRECTOR POCCHANNIS, WADDRESS

VS 151-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

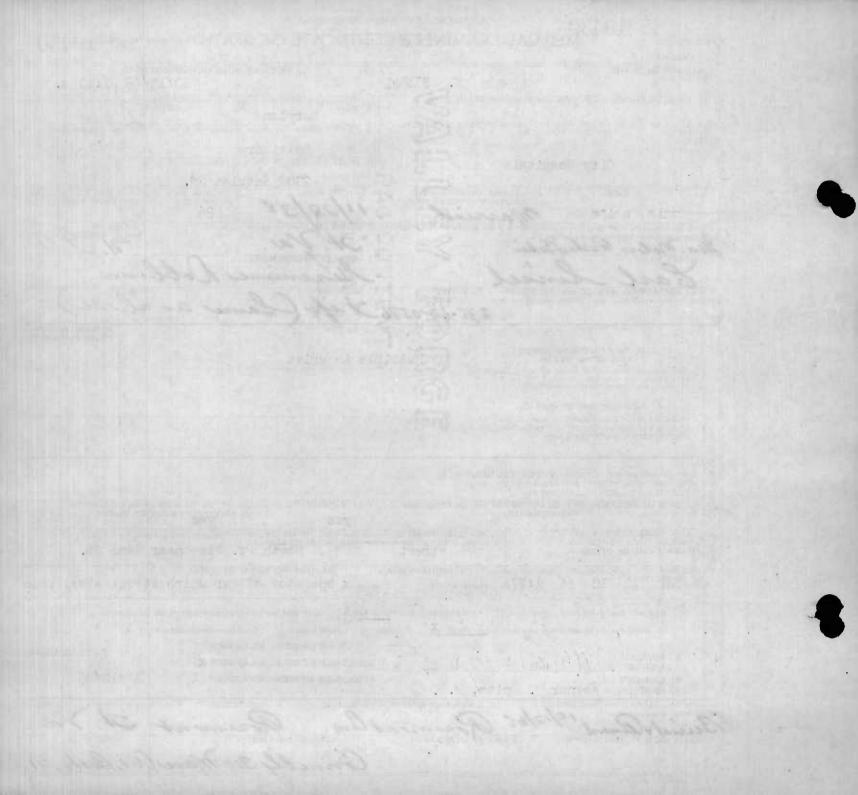
V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Comme Herming Proceeding for the constraint of the constraint

VS 151-REV. 1/1/65

BIR	тн но. 65	10430 MEDIC		NINER'S CE			DEATH Registe	ored No.	10430
M.	E. CASE NO.						1		
1. (Ty	NAME OF DEC pe ar Print)	CEASED	ROBERT E	. SINSEL		2. DATE AN	HOUR PRONOUNCE 10/	10/65	1:40 a. M
3. 8	PLACE IN BALT	IMORE MARYLAND, WH	ERE PRONOUNCED	DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceosed lived. If ins	Intrion: reside	ence before odmission)
HO	LL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCAT	L OR INSTITUTION,	GIVE STREET	C. CITY C	R TOWN (If autsid	e carparate limits, write	RURAL and	give tawnship)
1		City Hospi	tals		D. STREET	Baltimos Address (II rural,		0.	3 00
						2002 Se	arles Rd.		
5. 5	mal e		7. MARRIED, NEVER		8. DATE O	72/38	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs. Doys Hours Min,
LOA		UPATION (Give kind of work)	OB! KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPI	LACE (State or foreig		12. CITIZEN	N OF
don	e during most of	working life eyen if retired	, .		21	Va,			COUNTRY? Q.
13.	FATHER'S NAM	I Sin	pel		14. MOTHE	R'S MAIDEN NAM	e Dole	line	2
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SO	CIAL	17. INFORM	ANT	,	ADDRESS	
(Yes	s, no or unknawn	Off yes, give wor ar dotes	1 = -	-62-0576	Sta	ife (Sa	eme as	ales	ve)
	1B.	23.4		CAUSE	OF DEAT	Н			INTERVAL BETWEEN
	DISTA		E 40 91 V						ONSET AND DEATH
	DISEA	SE OR CONDITION DIRI	ECILT	Multip	ole in	iuries			
	heart failure,	not mean the made of , astrenia, etc. It means t mplication which caused de	the disease,	DUE TO		V —			
		ANTECENDENT CAUSES		(B)					
		OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA		DUE TO					
		NG CONDITION LAST.							
No.				(C)			*******************************		***************************************
Ĕ		li	CALTRIBUTING						
ERTIFICATION	TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO THE				•••••		•••••
CER	19A. DATE OF	OPERATION 198. COND	DITION FOR WHICH	OPERATION	20A. AU		208. IF YES, WERE F		
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. PLACE home, farm, etc.)	of Injury (e.g., i factory, street, a street	n or obout ffice bldg., I	North	Off in Baltimore City, go Pt. Blvd ne		
Σ	21D TIME	(Manth) (Day) (Year)	(Haur) 21 E. INJ	URY OCCURRED		TE HOW DID INJU	JRY OCCUR?		
	OF INJURY (APPROX.)	1	:27a WHILE WORK		WHILE X	operator o	f car which	struck	steel pole
	22.	tify that I held an Inc	quiry Insp	ection Aut	apsy X	and that an th	is basis, death in	my apinian	
	resul	ted fram: Natural cau:	ses Accide	nt X Sulcide	H	amicide	Indetermined mann	er	
		4	A.	,-/-	CHI	EF MEDICAL EX	AMINER _		
	ACTUA		111 4 A	In Sin	ASSISTA	NT MEDICAL EX	AMINER X		DATE SIGNED
	SIGNAT	0001	201 /7	M.D.				10/1	10/65
	EXAMIN NAME (Type) Werner U	. Spitt, M	I. D.	ASSUCIA	TE MEDICAL E	NAMINER	10/1	.0, 0,
	BURIAL CRE			AE of CEMETERY a	CREMATO	23 D. L	OCATION (City	, town, or co	ounty) (State)
KE	MOVAL (Specif	10 11/10	165 0		1.1	02		1 2	+ Vai
24	DATE REC'D	BY HEALTH DEPT.	24B NAME OF REC	GISTRAR	24C. 1	UNERAL DIRECTOR	umons	10	DDRESS
241	. DATE REC'D	DI REMEIN DEFT.	AND IN MINIE OF REC	OID I KAK	73	SHERME DIRECTOR	5	AL	0
					100	200 1/1.	300 Mars	Mu	Bell 21



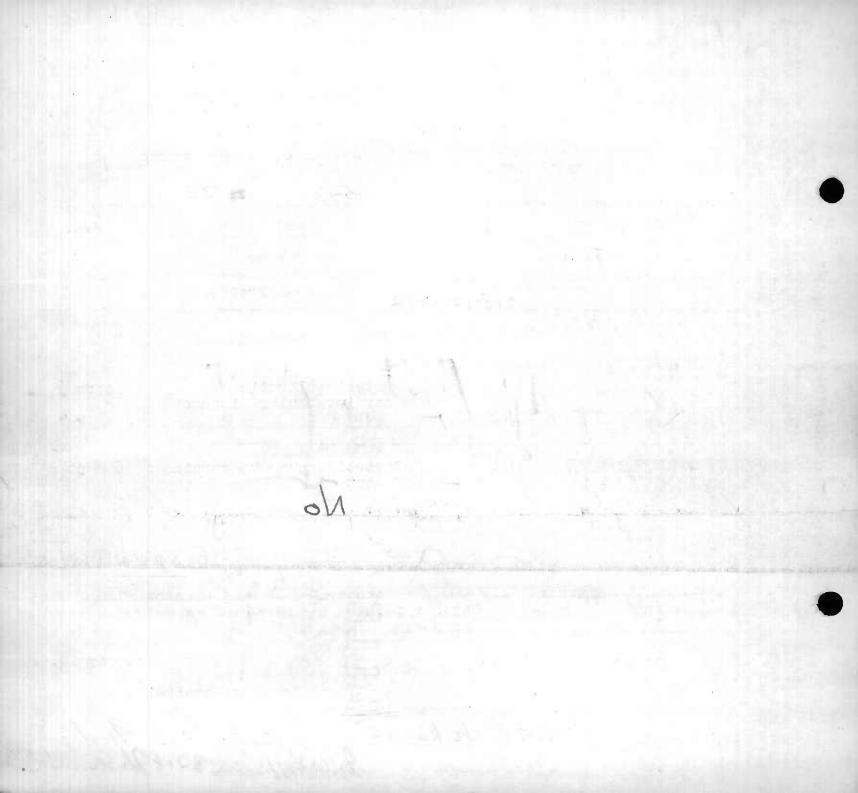
BIR	65 1 TH NO.	U431 MEDI	CAL EX	AMINER'S C	ERTIFICAT	E OF DEATH Regi	stered No.5 10431
M.	E. CASE NO.						
	NAME OF DECEA	ASED				2. DATE AND HOUR PRONOU	NCED DEAD
,		E	UGENE	T. McCREA		10-10-65	10:35 A. M
	CERTIN BALTIM	ORE MARYLAND W	LAM	FUDED	Marylar	nd B. C	institution: residence befare admission COUNTY
HC IN:	SPITAL OR	ADDRESS OR LOCA	TION)	10-18-65	C. CITY OR TOW	VN (It autside carparate limits, v	write RURAL and give township
					Baltimo	ore	6-00
(13	35 N. BROADW	AY		D. STREET ADDR	(ESS (II rural, give location)	
					135 N.	Broadway 21235	
5.	SEX 6.	RACE		NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In year last birthday)	Manths, Days, Hours, Min.
	Male	White		16 LB	DEC. V	9,1902 \$6	
104				BUSINESS OR INDUSTRY			12. CITIZEN OF
don		king life, even if retired)	AUTO	SUPPLY	M	*	WHAT COUNTRY?
13.	FATHER'S NAME	CLERK			14. MOTHER'S MA		D. 3.10,
		THUR H.	Ma 1	OGD		VELLA OS BO.	216
19.6						PELLIS OU DO	
		EVER IN U.S. ARMED yes, give wor or date		SECURITY NO.	17. INFORMANT	0	ADDRESS
	YES	WW. I		213-16-6276	1145 Theod	lave T. nengel - 3	331 Merentell Rel.
	18.	0 / 5.9	#213-1	6-6270 CAUSE	OF DEATH	0	INTERVAL BETWEEN
	PICEACE			.0-02/0			ONSET AND DEATH
		OR CONDITION DI		Arten	ciosclerot	ic cardiovascula	r disease
	heort failure, o	mean the made of sthenia, etc. It means lication which coused	the diseose.	DUE TO			z uzbeape
		TECENDENT CAUSE		(B)		***************************************	
	RISE TO THE	ABOVE CAUSE (A) ST		DUE TO			
-		CONDITION LAST.		(C)			
Ó				10/200000000000000000000000000000000000			
ERTIFICATION	OTHER SIGNII	II FICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING	ATED TO T	NG HE		***************************************	
ERT	19A. DATE OF C	PERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	(Yes or No) 20B. IF YES, WERE	
O	0	WAS PERI	FORMED		No	IN CERTIFYING C	AUSES OF DEATH?
EDICAL	21 A. EXTERNAL UNDERLYING CAUSE	R CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., farm, foctory, street, c	in or obaut 21C. W	HERE DID (If in Boltimore City OCCUR?	, give exoct location)
Σ		Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?	
-	OF INJURY		V	VHILE AT NOT	WHILE		
	22.		m. V	VORK AT W	ORK		
		y that I held an I	nquiry	Inspection X Aut	tapsy and	I that an this basis, death i	n my apinian
	resulte	d fram: Natural car	uses X A	coldent Suicid	e Hamici	de Undetermined ma	anner 🗍
1						EDICAL EXAMINER X	The second secon
	ACTUAL SIGNATUI	RE PAGE	sher	M, D	ASSISTANT MI	EDICAL EXAMINER	DATE SIGNED
	EXAMINE NAME (Ty	rpe) RUSSELI		SHER, M.D.		EDICAL EXAMINER	10-11-65
	MOVAL (Specify)	ATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (C	City, town, ar county) (State)
	A. DATE REC'D B	10-15		Cilherra	& Clon.	Balter	ADDRESS
24	A. DATE KEUD B	HEALIN DEFT.	240, NAME	OF REGISTRAR	24C. PUNER	AL DIRECTOR	ADDRESS

OCT 13 1965 (P.O. A. S. Ja. Cana.

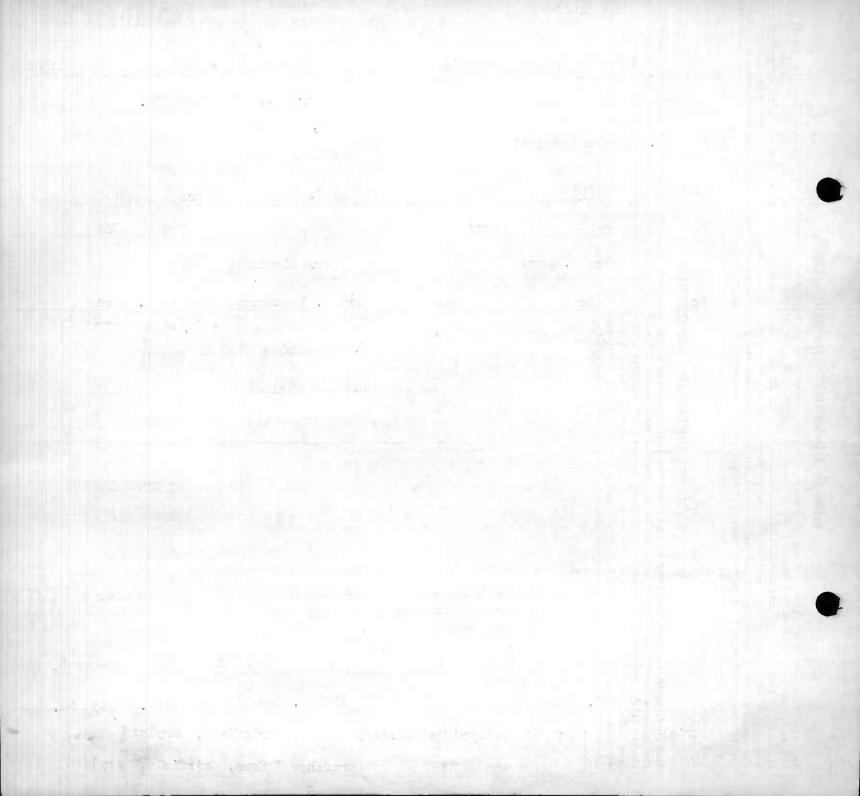
Foly-Caranay & J. H. Catorwill, Mol

Social Security Card submitted 10-18-65 M.H.

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VS 150-REV, 1/1/65



VS 151-REV. 1/1/65

IRTH NO.	WEDICAL EX	CAMINER'S CI	EKITICAT	E OF D	EAIH Register	ed No	
A.E. CASE NO.				X			
NAME OF DECEASED Type or Print) KE	RMIT J.	PRICE			r 6, 1965	D DEAD	11:40 P
PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONOL	JNCED OEAD		rth Caro		NTY -	ence before admission)
ULL NAME OF (IF NOT AODRES:	IN HOSPITAL OR INSTITU S OR LOCATION)	JTION, GIVE STREET			corporote limits, write	RURAL on	d give township)
South Baltimon	e General Ho	spital	D. STREET ADDE	On RESS (If rurol, g	ive location)	V	
SEX 6. RACE		NEVER MARRIED DIVORCEO(specify)	B. DATE OF BIRTI	4	9. AGE (In years lost birthdoy)		1 Yr. If Under 24 Hrs. Days Hours Min.
Male White	A'ACAA	ried	10-14-3		33 28	11.	23
ne during most of working life, ever COAST GUARDSMAN	on if entired)	ry Dep't.	Avon, No	orth Card		WHAT	COUNTRY?
	VKNOWX			W. Price			
. WAS DECEASED EVER IN U es, no or unknown) (If yes, give		16. SO CIAL SECURITY NO.	17. INFORMANT Baltimore	Station	,	ADDRESS	
Yes 2/1/56	to 10/6/65	246-54-5760	USCG Yard	, Curtis	Bay, Balti		Md. 21226
CTHIS does not meen the heart foilure, osthenio, etc injury or complication white and the state of the state	. It meons the discose, ch coused deoth.) NT CAUSES IONS, IF ANY, GIVING USE (A) STATING THE ON LAST. ONDITIONS CONTRIBUTION OF RELATED TO 1				,		
OISEASE OR CONDITION	198, CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY Yes		OR, IF YES, WERE FIN N CERTIFYING CAUS		
TIA. EXTERNAL CAUSE W. UNDERLYING BOR CONTRIBUTING CAUSE OF DEATH OF INJURY	H. home etc.) Poy) (Yeor) (Hour)	PLACE OF INJURY (e.g., o, form, foctory, street, of Street	in or obout 21C. V ffice bldg., INJURY Per	occur? Inington	Ave., N. o	f Curt	cis Creek Br
(APPROX.) 10		WHILE AT NOT AT W	WHILE X Dri	ver in	auto-bus co	llisio	on.
actual SIGNATURE EXAMINER'S	loturol couses Lale Scharles S. Pe	Accident Suicid	e Homici	de Ur EDICAL EXA EDICAL EXA	MINER 🔀		DATE SIGNED 10/7/65
	9 of 9,65	FAMILY OF REGISTRAR	PLOT	230. LO	VON,		PAROLINI

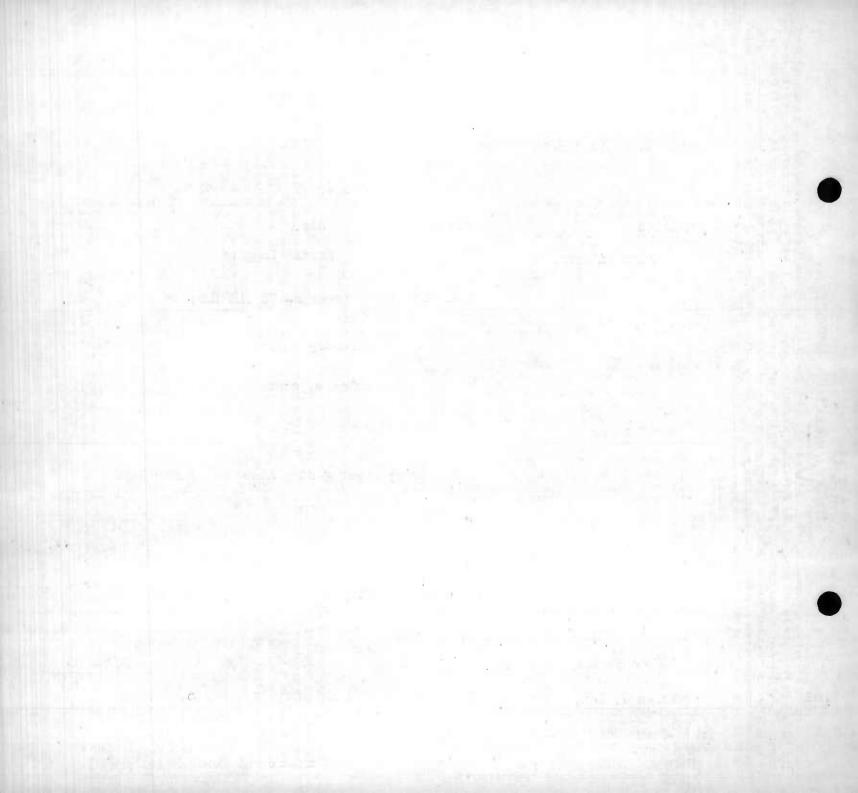
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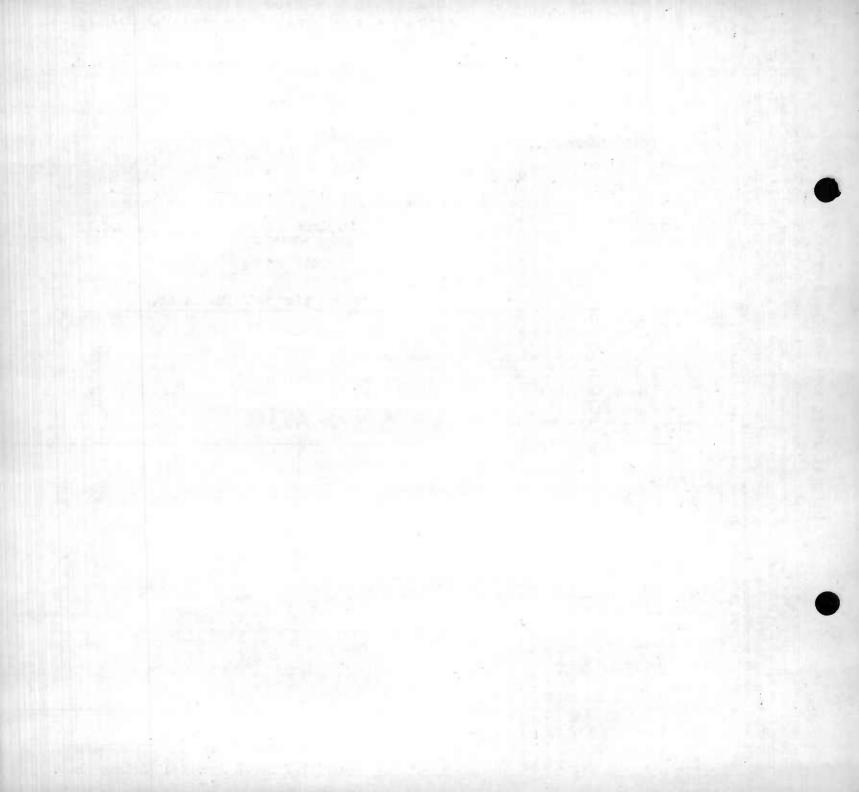
IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH Oct. 10, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rurol, give location) 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 2. CITIZEN OF WHAT COUNTRY? USA ADDRESS Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN ONSET AND DEATH HOURS MONTHS 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) Oct. 19 65 and that In(my) (our) opinion death accurred on the date 23B. DATE SIGNED 10/11/65 (City, lawn, or county) Blount Co., Alabama Ullrich Funeral Home Baltimore, Md/



VS 150-REV. 1/1/65



	or Print) PHAIR, FRA	ANKLIN E.	2. DATE	O-6-65	3:35A M
FU1	LL NAME OF STITUTION ST. AGNES HO	or institution, give street	MARYLAND C. CITY OR TOWN (III LAUREL. MA	outside city limits, write RYLAND (If rurol, give location)	RURAL and give township)
5. SEX		7. MARRIED, NEVER MARRIED WIPONER PLECED (specify)	8. DATE OF BIRTH 12-16-88	9. AGE (In years lost binkery)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done d		construction	MARYLAN		12. CITIZEN OF WHAT COUNTRY?
13. FA	CHARLES PHAIR		MARGARET Leishean		av
15. Wa (Yes, n	os Deceosed Ever in U. S. Armed Forcio or unknown) (If yes, give wor or dotes	1 6. SOCIAL SECURITY NO. 212223544	ST. AGNES	RECORDS-CA	TON & WILKENS AV
18	B. 4 20, / I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
h	LEADING TO DEATH This does not meen the mode of neort foilure, osthenio, etc. It meons njury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if o ise to the obove couse (A) JNDERLYING CONDITION lost.	the disease, death,) (B) DUE TO	e myocardial-	Mfare COM	S raw -
ATIC	Ther significant conditions CO TO THE DEATH BUT NOT RELA- DISEASE OR CONDITION CAUSING IT	TED TO THE			
OERTIFIC Display	9A. DATE OF OPERATION 19B. COND	DITION FOR WHICH OPERATION ORMED	NO NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	1A. ACCIDENT WAS UNDERLYING DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, (octory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
30	1D. TIME (Month) (Doy) (Year) PF INJURY APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID I	NJURY OCCUR?	
22	2. I certify that (I) (this hospital) hat (I) (we) last saw the decease		19 65 and	that in (my) (aur) ap	TOBER 5 19 65 Inion death accurred an the date
	nd haur and from the causes state				23B. DATE SIGNED
23	and haur and from the causes state 3A. SIGNATURE 3C. PHYSICIAN'S NAME (Type) CARL H MAT		Med. Director 23D. ADDRESS ST. AGNES	Stoff X HOSPITAL -	10-6-65

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VS 150-REV. 1/1/65



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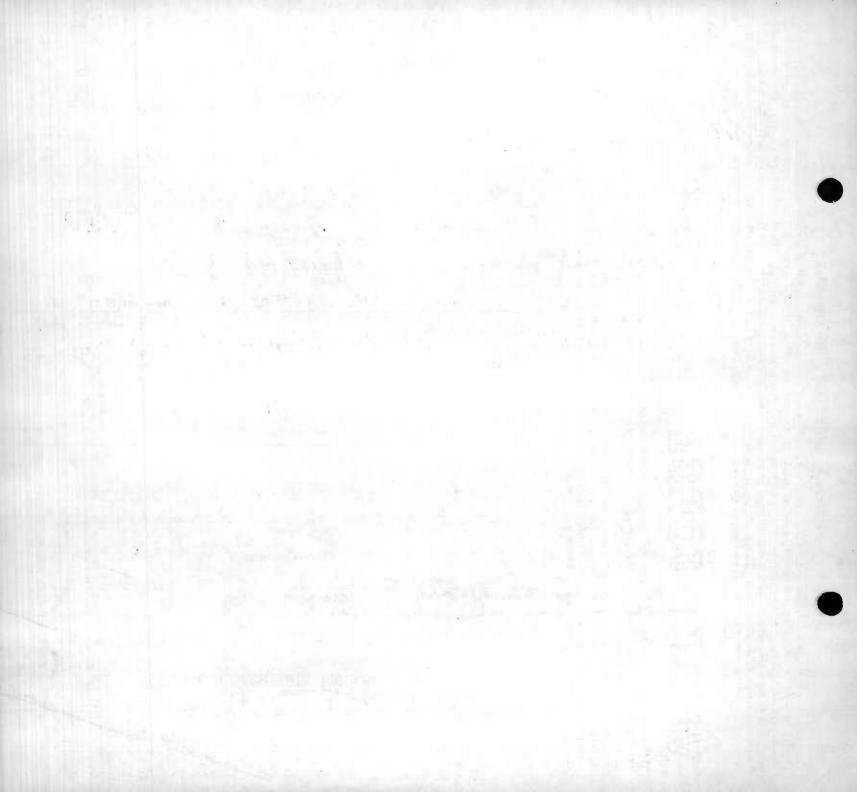
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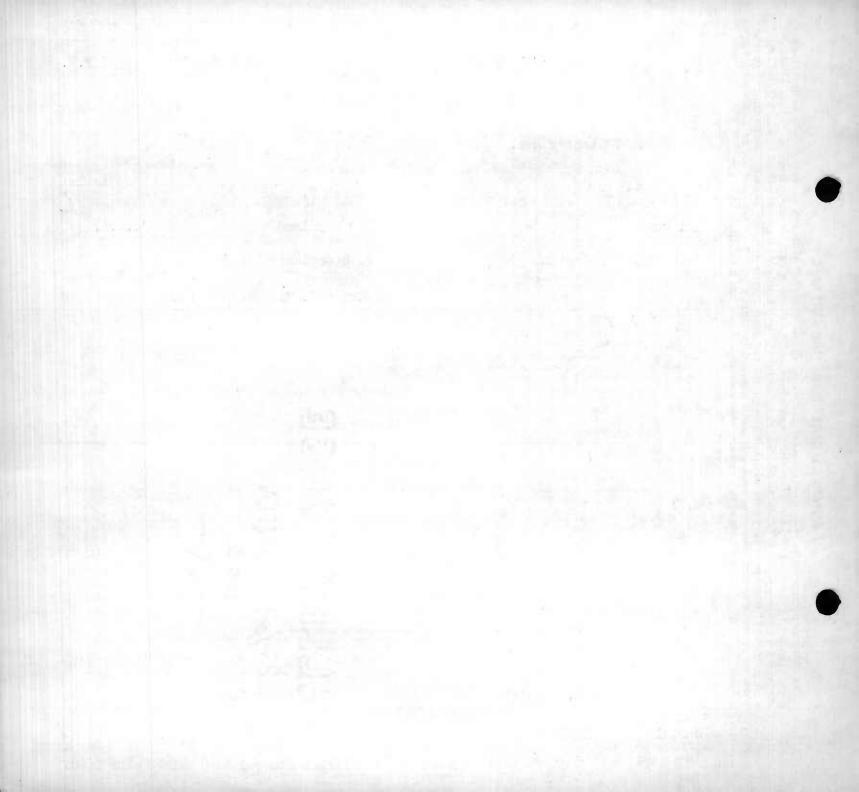
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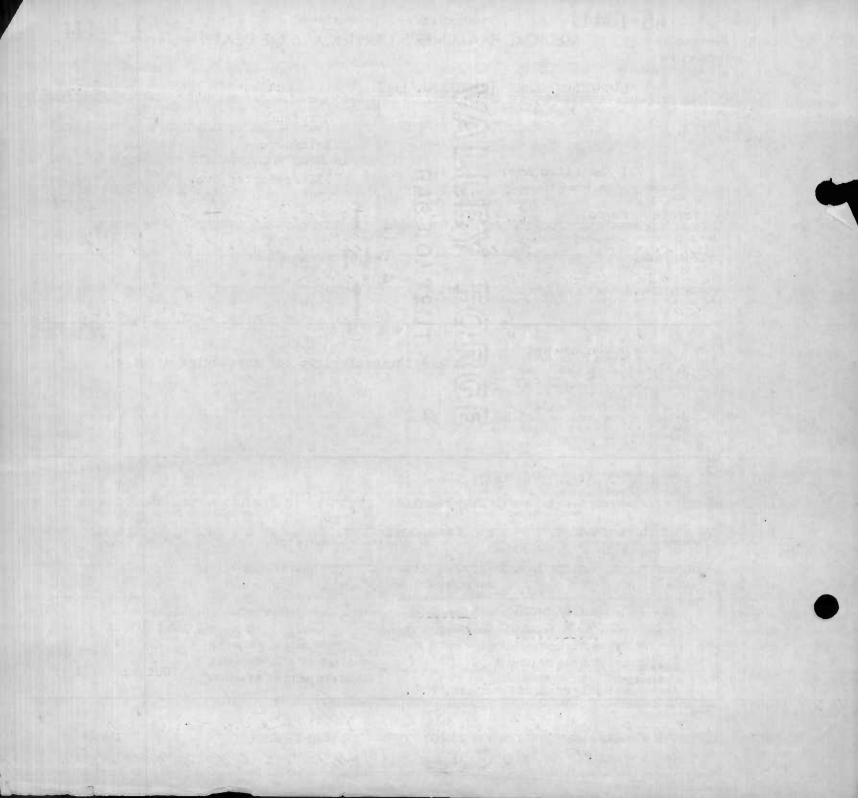
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		C. D		BALTIMORE CITY	HEALTH DEPARTMENT		- 4.40	
N	RTH NO.	65 1044	2	CERTIFICA	TE OF DEATH		65 10442	
	ype or Print)	YMA ChA	oietin	# HENKUS	1 1	D HOUR OF DEATH	1,-1 0,21	
3.		IN BALTIMORE, MAI		A 1/6 01/40	4. USUAL RESIDENCE (When	ober 10, 19 e deceased lived. If in	65 2:30 M. stitution: residence before admission)	
					A, STATE B. COUN	TY	15-47	
	HOSPITAL OR	AL OR oddress or location)			C. CITY OR JOWN (If outside city limits, write RURAL and give township)			
Gi	INSTITUTION				BALTIMONE			
10	3025	Windson	e Au	E	D. STREET ADDRESS (If	urol, give location)		
	00 4 5				3025 W	udsor r	AU E	
,	SEX 6.	RACE	7. MARRIED, WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	TEMALE	white		uwed	SEpt. 21, 1868	97	10.000000	
		USUAL OCCUPATION (Give kind of work 108, KIND Of during most of working life, even if refired)			11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
		wife	Don	HESTIC	14. MOTHER'S MAIDEN NAM	and	4-5-4	
	FATHERS NAME			. 1	14. MOTHER'S MAIDEN NAM	AE		
		LERICK	-	rich	Christina	4 VAGE	2.	
1:	es, no or unknown) (1	rer in U. S. Armed force fyes, give wor or dote:	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
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	18.443	XI		CAUSE O	F DEATH	^	INTERVAL BETWEEN ONSET AND DEATH	
		OR CONDITION DIR	ECTLY	Am-	tone Heet	0 1		
		mean the made of	dying, e.g.,	DUE	Lector 199	uveusio		
		thenia, etc. It means calian which caused		w	exio 5 cm	Does		
	AN	TECEDENT CAUSES		(B) 60	2010 Vaxe	was >		
	DISEASES OR	DISEASES OR CONDITIONS, if any, giving						
		abave couse (A)	stating the	(C)		- Lux		
		11						
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CO	ONDITION CAUSING IT	Γ.	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	308 Is vee West	EINDINGS CONSIDERED	
	DATE OF O	WAS PERF	ORMED	VIII OF ERATION	TO AD IOLD LITTLES OF MO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
	21A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If in Boltimore	City, give exoct locotion)	
	DEATH (notify m	NG CAUSE OF dedicol exominer	hom etc.)	e, torm, roctory, street, of	mice blag., INJURY OCCUR?			
	21D. TIME (/	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
	(APPROX.)		Whi	le At Not While At Work	•		1	
22. I certify that (I) (this hospital) attended the deceased from 19 to 00/10						1/10 1965		
		st saw the decease		INVACI			nian death accurred on the date	
	and have and f	ram the causes stat	ed abaxe. (I) (We) (dld) (dld nat) v	iew the bady after death.			
2	23A. SIGNATURE	11	h()				23 B. DATE SIGNED	
		MIRC	Whol	M.D. Atte		Stoff Phys.	107165	
	23C. PHYSICIAN	5 1. 1	10 ()		23D. ADDRESS 2	1-0/00	1.20	
		11/19	The	USON M.D.	40011	RVEV.	YU DY	
	AA. BURIAL CREMA		24C. NA	ME of CEMETERY OF CRI	MATORY 24D. LE	CATION (C)	ty, town, or county) (State)	
2	BURIA	6 10-13-6	5- 1	WESTERN	BA	LTIMORE	Md	
2		HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR	nab Funsi	ADDRESS	
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V	S 150-PEV 1/1/65							





	00 101	TH DEPARTMENT 65 104AA					
6-000		ERTIFICATE OF DEATH Registered No.					
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
	RACHAEL W. LEE (RACHEL W. LEE)	October 8, 1965 11:50 A					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)					
		Maryland B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	IN SHOULD IN	Baltimore 2-02					
0	731 Newington Ave.	D. STREET ADDRESS (If jurd, give locotion)					
		731 Newington Ave.					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) female negro	B. DATE OF BIRTH 9. AGE (In years last birthday) 153 160 170 170 181 190 190 190 190 190 190 19					
	IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY						
	done during most of wasking life, even if settied)	CLOUEESTER G VA WHAT COUNTRY?					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	NAMES WHITING	DARAH					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give war or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
	100	Douglas Warring. 2718 Comes Rd					
	IB. // CAUSE	OF DEATH INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
	LEADING TO DEATH Arteriosclerotic cardiovascular disease						
	heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.)						
	ANTECENDENT CAUSES (B)						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						
	UNDERLYING CONDITION LAST.						
	(C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BOT NOT RELATED TO THE						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
		No					
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- thome, form, foctory, street, o etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) (If in Boltimore City, give exact location)					
	5						
	21D THATE (Month) (Doy) (Teol) (Houl) 21E. HAJORI OCCORRED	21F. HOW DID INJURY OCCUR?					
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•	OF INJURY (APPROX.) WHILE AT NOT NOT NOT WORK AT W.	WHILE					
•	OF INJURY (APPROX.) WHILE AT NOT WORK AT W	opsy ond that on this basis, death in my opinion					
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TY HEALTH DEPT.

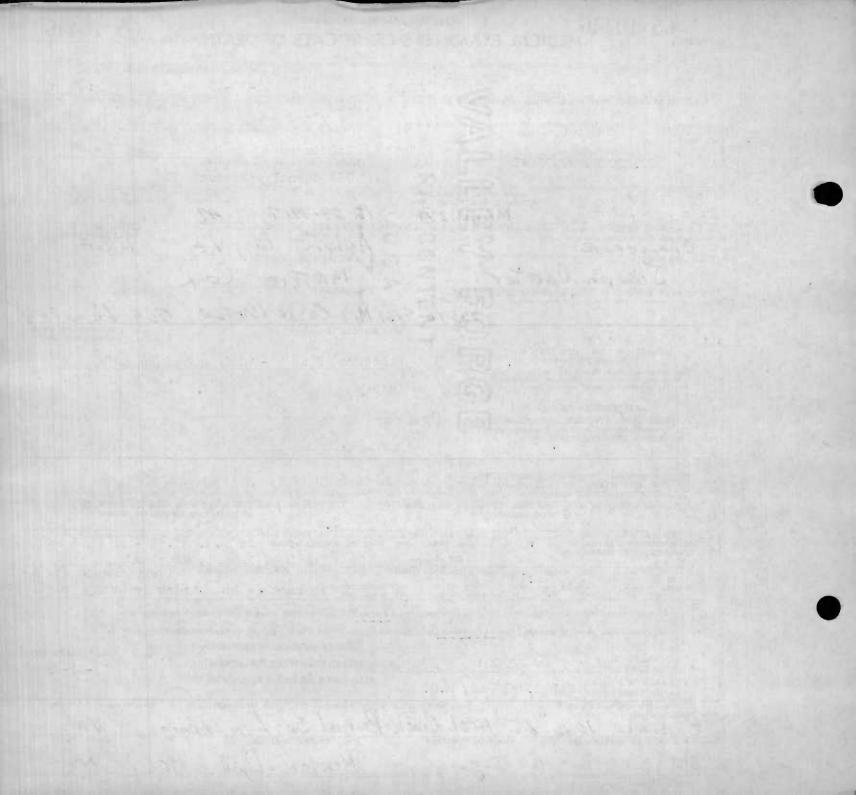
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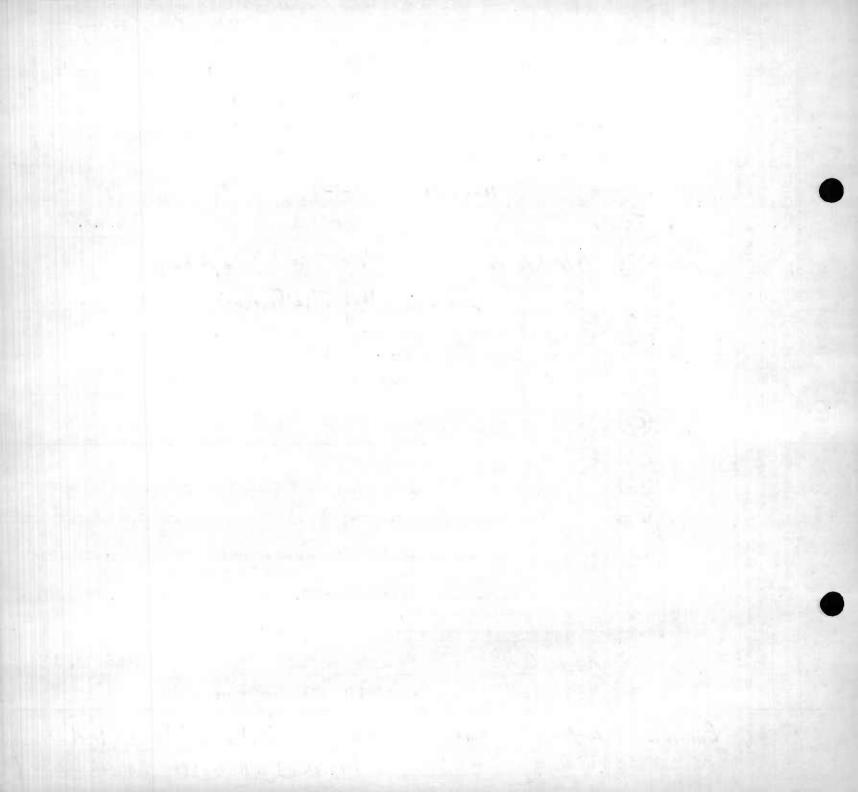
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NAME OF DICEASED DEACE OF DEATH IN BALTIMORE MARTLAND DEACH DEATH DEA	BIRTH NO. 65 104	45 CERTIFICA	ATE OF DEATH	Registered Na.	10445
FLACE OF DIATH IN SACTIMORE, MARTLAND FULL NAME OF CHEER OF CONTINUES. FULL NAME OF CHEER	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	21
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D. STEET ADDRESS III fill rundy give ligentens) 3 ZO LILIAGE 3 ZO LILI		n)	C. CITY OR TOWN (If aut	side city limits, write RI	URAL and give township)
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DA USUAL OCCUPATION (Sive kind of work 108. KIND OF BUSINESS OR INDUSTRY 1). BIRTHFLACE (Side or foreign country) MATHERS NAME AND DEFENDENCE FOR IT relief. WHAT COUNTRY! WHAT COUNTRY! ADDRESS WHAT COUNTRY! WHAT COUNTRY! WHAT COUNTRY! WHAT COUNTRY! ADDRESS WHAT COUNTRY! WHAT COU		7. MARRIED, NEVER MARRIED		. AGE (In years	If Under 1 Yr. , If Under 2
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13. PATHEEN NAME C. WAS Decessed Ever in U. S. Armed Forces? 14. SOCIAL SECURITY NO. 327-18-9501 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hold follow, or of complication which coused death). ANTECEDENT CAUSES DUE TO DISEASE OR CONDITION S, if only, giving rise to the does of service) ANTECEDENT CAUSES DUE TO DUE TO OTHER SIGNIFICANT CONDITION S, if only, giving rise to the obove couse (A) stofring the UNDERLYING CONDITION tost. TO THE DEATH BUT NOT RELATED TO THE DISEASE OF OPERATION DISEASE OR CONDITION CONDITION FOR WHICH OPERATION 20A. AUTOPSY! (Yes or No.) 20A. AUTOP		1	0	gir cooliny/	
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Attending Med. Staff Phys. 2 107/65 23C. PHYSICIAN S. NAME (Type) AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) BURIAL 10-13-65 MT. Auburn Datte.	and haur and fram the causes sta	ted abave. (1) (We) (did) (dld nat)	view the body after death.		
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23C. PHYSICIANS NAME (Type) BARRY N. ROSENBAUM M.D. UNIVERS ITY HOSP ITA 4A. BURIAL CREMATION, 24B. DATE PROVAL (Specify) BURIAL 10-13-65 MT. Auburn BURIAL DATE 24C. NAME of CREMATORY DA Ho. Md.	Box. MIN		ttending Med.		10/7/65
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BURIAL 10-13-65 MT. Auburn BAHO. Md.	AA. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LC	CATION (Cin	y, town, or county) (S
	REMOVAL (Specify)	- 1- 1		11	1. /
5A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FLINERAL DIRECTOR ADDRESS	BURIAL 110-13-	5 MI. HUDURI	U DI	A Mo.	Md.
Andrew Director	SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	T	ADDRESS

MA LAURENS 1701

Block Control of Charles Sales



	05 4044		TY HEALTH DEPARTMENT					
BIRTH NO.	65 1044	CERTIFIC	ATE OF DEATH	Registered No	65 111/47			
M.E. CASE NO.	CEASED		2. DATE AN	D HOUR OF DEAT	H 10997			
Type or Print)	Frod Cladde		Octob	er 10, 196	5 1.35 PM			
PLACE OF DE	Fred Gladde	ND	4. USUAL RESIDENCE (Who	re deceased lived. If	institution: residence before admission)			
F1111 111 111 115	on w		Maryland		17111			
HOSPITAL OR		ititution, give street		tside city limits, write	RURAL and give township)			
INSTITUTION	Provident Ho	ospital	Ral+imone	7				
4	Provident Ho	on Street	D. STREET ADDRESS (If	rural, give location)				
	Baltimore, N	Maryland	1320 Argyle A	lvenue				
S EX		AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Mrs. Months; Doys Hours; Min.				
Male	Negro	MARRIED	4-2-87	lost birthdoyl	20,5			
	UPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
one during most of	working life, even if retired)		Maryland		U.S.A.			
3. FATHER'S NA	. /		14. MOTHERS MAIDEN NA	ME				
Find	in Aladi	0 1	1 OTT in 1	1111				
I reaer	d Ever in U. S. Armed Farces?	E /V	17. INFORMANT	ploade	ADDRESS			
	n) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	A. A. A.					
M. Title		219-01-862	6 Mrs. Ella for	MAN 1	320 Argyle Ave.			
18. 2 3	OXI	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
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heart failure	, asthenia, etc. It means the	disease,						
injuly of ca	mplication which caused deal	n.) Pr	obable Neoplasm					
	ANTECEDENT CAUSES	DUE TO			######################################			
	OR CONDITIONS, if any, he above cause (A) stat							
	G CONDITION last.							
	11							
OTHER SIGN	HIFICANT CONDITIONS CONT	RIBUTING						
DISEASE OR	CONDITION CAUSING IT.							
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21 A. ACCIDI	ENT WAS UNDERLYING	21P DI A CE OF MILLIAN	in or obout 21 C. WHERE DID	() (:- B-la:	Cit.			
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	home, form, foctory, street,	office bidg., INJURY OCCUR?	tir in Boltim	ore City, give exact location)			
O 21 D. TIME	(Month) (Doy) (Year) (He	out 21E INJURY OCCURRED	21F, HOW DID INJ	IURY OCCUR?				
S OF INJURY		While At Not W		oki occok.				
(APPROX.)		Work At Wo	ork 🔲					
22. I certif	y that (1) (this hospital) att	ended the deceased from S	eptember 29,	1965 to Oct	ober 10, 1965			
that (I) (we) last saw the deceased al	ive an October 10.	1965 19 and th	nat in (my) (aur) o	pinlan deoth accurred an the date			
		bave. (1) (We) (did) (did nat						
23A. SIGNAT			· · · · · · · · · · · · · · · · · · ·		23B, DATE SIGNED			
	VI Thendo	M.D.	Attending Med. Phys. Director	Stoff Phys. X	October 10, 1965			
23C. PHYSICI	ANS	/	23D. ADDRESS	rnys.	, , , , , , , , , , , , , , , , , , , ,			
NAME	Type)	1 15 a a a DE M.	1511. Dissision	Street				
AA BUELAL OF	ROGER 7	17 t COO TE						
REMOVAL	EMATION, 24B. DATE (Specify)	24C. NAME of CEMETERY of C	CREMATORY 24D. L	OCATION	(City, town, or county) (Stote)			
BURIAL	10-15-65	STI MARKS Meth	. Church Cem. ST.	MARUS	Co. Ad.			
25A. DATE REC'I	D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C, FUNERAL DIRECTO	R	ADDRESS			
OCT 1	3 1965 R. Leef ?	L' tarbeumil	MORTON F'DU	211 /101	LAUTENS ST.			
VS 150-REV. 1/1				1101	-			



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

17.5	CASE NO.	-KINICATE OF DEATH					
1. 1	IAME OF DECEASED	2. OATE AND HOUR PRONOUNCED DEAD					
(Typ	ROSALIE PARKER	10/10/65; 2:00 a					
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Maryland A. STATE Maryland M. M. Maryland M. M. STATE Maryland M. M					
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
/		D. STREET ADDRESS (If rural, give location)					
9	Franklin Square Hospital	900 Argyle Ave.					
5. \$	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Cemale colored MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.					
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) during most of working life, even if refired) [IN FM Dloge of	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13.1	WILSON Gladden	Annie Payley					
	WAS DECEASED EVER IN U.S. ARMED FORCES? To or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
	1/3	Ars. Annie 6/odden 3215 BelmonT					
	18. <u> </u>	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
CERTIFICATION	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
CER.	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
EDIC	21A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) ffice bidg, NJURY OCCUR? 900 Argyle Ave.					
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 10 10 65 ? WHILE AT NOT WHILE AT WORK manually strangled							
	22.	topsy X and that on this basis, death in my apinian					
	resulted fram: Natural causes Accident Suicide						
	resolved from National Cooses Accident Solicide	CHIEF MEDICAL EXAMINER					
	SIGNATURE WILLIAM M.D. ASSISTANT MEDICAL EXAMINER X						
	EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 10/10/65					
	BURIAL CREMATION, 23B DATE 23C. NAME of CEMETERY O	OF CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
24#	OCT 13 1965 Role & Farly M. A.	MORTON, LOYETT MOI LAURNS ST					

IMPORTANT

FUNERAL DIRECTOR:

SCHOOL LAND WARRENCE THRONG LINE TO THE CATONSVILLE UNION NEWSKIAL HOSPITAL JOS GLEV HORE AVENUE F CALBREY M 1/3/94 71 NEW YORK HOUSEUIFE AMY BATES DSCAR M. BERRY CHART CHREENA ACUTE MYD CARDIAL INFARSTRON

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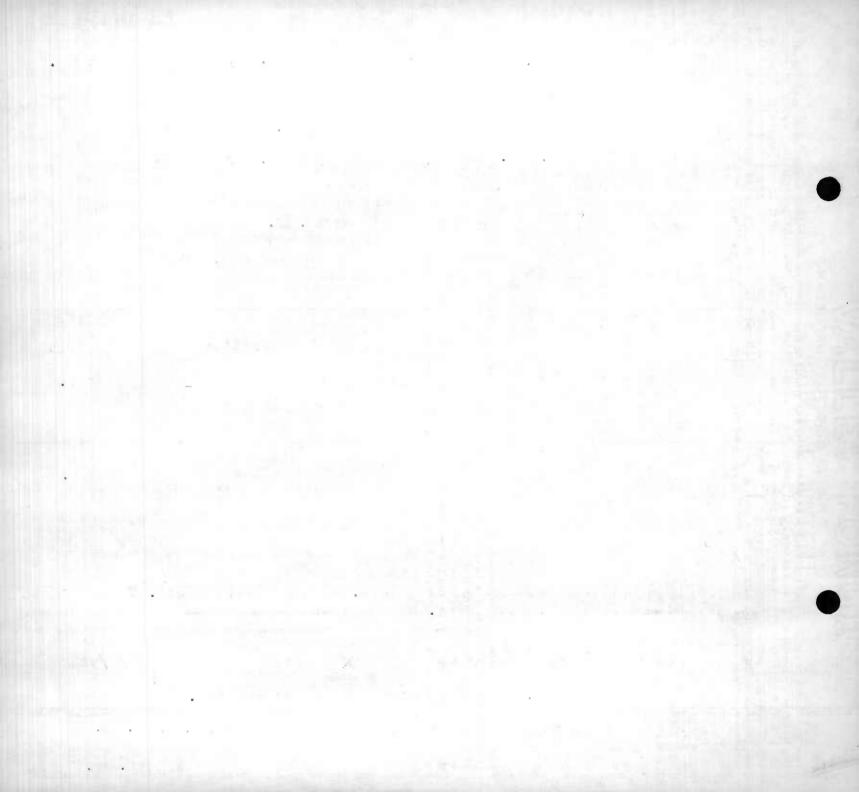
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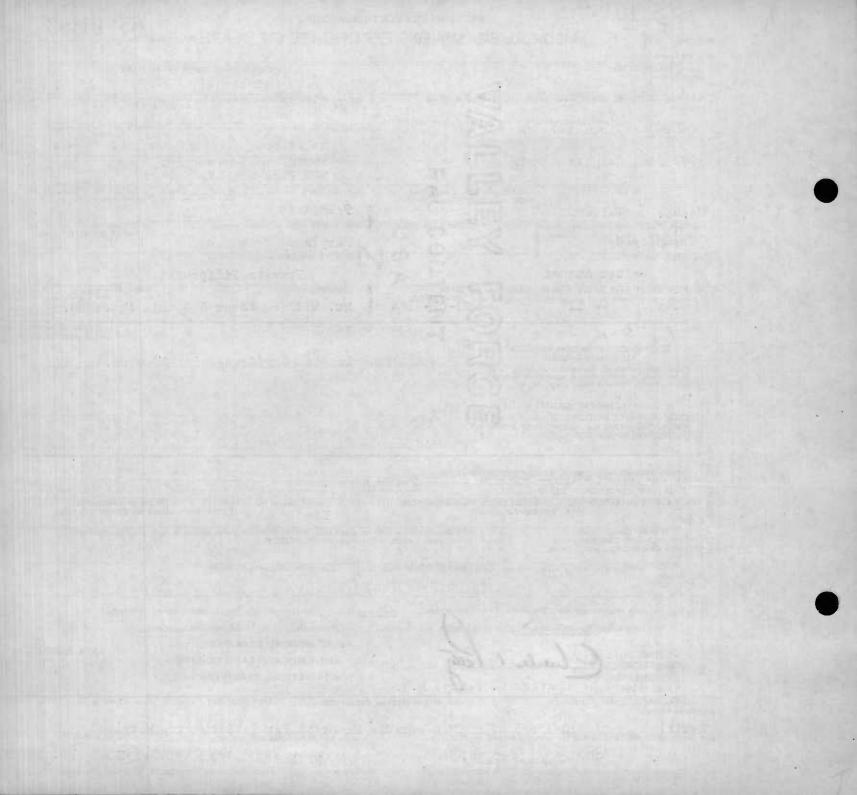
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05 40459	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 10452 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	5 10452
1, NAME OF DECEASED	11	2. DATE AN	ND HOUR OF DEATH	
(Type or Print) (FENCEE)	Hipp.		10-8-6.	2 17: 15D
3. PLACE OF DEATH IN BALTIMORE MARYLAN	ID F	14. USUAL RESIDENCE (Who	0 0	nstitution: residence before admission
V		A. STATE B. COUN		
FULL NAME OF (If not in hospital or inst	itution, give street	Many	land)	25-05
HOSPITAL OR oddress or location)		C. CITY OR TOWN	tside city limits, write	RURAL and give township)
INSTITUTION		12 12;		生ったって
		D. STREET ADDRESS (III	rurol, give location)	ha / L 600
0 110 11.	19 111	D. STREET ADDRESS	torol, give locofion)	n., -
Jouth Daltimore	GENETAL HOS	03822 Fa	IPHAVE	n AVE.
. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
m / / / / w	DOWED, DIVORCED (specify)	1.70 10	lost birthdoy	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. K	The of sustance on Industry	1-20-00	0	
DA. USUAL OCCUPATION (Give kind of work 10B. K one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
71	named =	11/	In a st	
FATHER'S NAME	15/n p/046 a	Mada	ma.	
1	0	4. MOINERS MAIDEN NA	ME	
ila mas Hi	00	Sall:	E-	
Wos Deceosed Ever in U. S. Anned Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	- INTONITION /		4
K(O)		7AMILY		Dame-
18. 11 20.01	CAUSE C	PF DEATH		INTERVAL BETWEEN
750101		DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1	+ RA	. //	
LEADING TO DEATH	(A) /TC	ute Bacta	real	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	e.g., DUE TO	C 1 1	1.	
injury or complication which caused death	.)	udbland	, crea	
ANTECEDENT CAUSES	(B)			
	DUE TO			######################################
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) statin	ig lhe (C)	~~~~		
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORME		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING		1ES		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg. INJURY OCCUR?	(If in Boltimor	re City, give exact location)
DEATH (notify medical examiner)	etc.)	The state of the s		
	1 215 IN III 8 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	015 115 115		
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While At Work Not Whi			
				1 6 6
22. I certify that (#) (this hospital) atte	nded the deceosed from	10-8	19 65 to	10-8 1963
that (we) last sow the deceased oliv	ve on 10-8	19 6 5 ond th	ot in (max) (our) on	inion death occurred on the de
				The desired on the de
ond hour and from the causes stoted ob	ove. (I) (We) (did) (dld not)	view the bady ofter deoth.		
23A. SIGNATURE				23B. DATE SIGNED
(alm. 9-1		ending Med.	Stoff	10/8/15
23C BUYCICIANIC	Phy		Phys.	190/03
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		()
	In M D M.D.	South Baltimor	o Gonomal U	osnital
Calvin E. Jone	DAG NAME OF CENTERS			
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION	City, town, or county) (Stote)
Dunal 10-12-65	Glan No.0-	Com L	Nem Burn	e med
A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	DEC FUNEDAL DISCOUR	un surn	ACCURE
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150 BEV 1/1/45				0

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A.E. CASE NO.							
NAME OF DECEASED Type or Print) FRANK	W.	ATIC	SUST		HOUR PRONOUNCE		11.20 D
PLACE IN BALTIMORE, MARYLAND, WI			4. USUAL RESID	ENCE (Where	ber 11, 196 eceosed lived. If ins B. COL		11:30 P _M .
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCANSTITUTION	AL OR INSTITU	ITION, GIVE STREET	c. city or tov	yland	corparate limits, write		Contract to
902 Pine Heights Ave	enue		D. STREET ADDR	RESS (If rurol,	give location) eights Aven	nue	
SEX 6. RACE White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years last birthday)		r. If Under 24 Hrs s Hours Min.
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired) Unemployed	10B. KIND OF	BUSINESS OR INDUSTRY	Maryla	.nd	country)	12. CITTZEN C	OUNTRY?
.FATHERS NAME Walter August			14. MOTHER'S M		Filipowski		
es, no or unknown) Uf yes, give wor or date:		16. SO CIAL SECURITY NO. 093-07-8184	Mr. Wi	lliam L	auer 6 Bonn	ADDRESS E.	llicott C: Rd. 210
ANTECENDENT CAUSE							
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	NY, GIVING THE						
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	CONTRIBUTING THE	(C)			208. IF YES, WERE FI		2
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERF	CONTRIBUTING THE CONTRIBUTING ATED TO	(C) NG HE Fatty	20A. AUTOPSY Yes	HERE DID (N CERTIFYING CAU	SES OF DEATH	? Yes
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONI WAS PERFORM 19A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	CONTRIBUTINATED TO TO IT. ATED TO TO IT. ATED TO TO	(C)	20A. AUTOPSY Yes in at about 21C. W ffice bidg., INJURY	HERE DID (N CERTIFYING CAU	SES OF DEATH	? Yes
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DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONI WAS PERF UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that I held an Ir resulted from: Natural cau ACTUAL SIGNATURE	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING ATED TO TO IT. 218. home etc.) (Hour) Queen A	(C)	20A. AUTOPSY: Yes in ar about 21C. W ffice bldg, INJURY 21F. HC WHILE ORK apsy Hamicie	HERE DID (I) OCCUR? I that an this de U EDICAL EX	N CERTIFYING CAU f in Boltimore City, g RY OCCUR? S basis, death in a ndetermined mann AMINER AMINER	ses OF DEATH ive exact lacolic my opInIan er	[?] Yes
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DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONIWAS PERSON UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21 D TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that I held an Irresulted from: Natural cause of Death. ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 23B. DATE MOVAL (Specify) Burial 10/15	CONTRIBUTINATED TO	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, color, street, col	20A. AUTOPSY Yes in or obout 21C. W ffice bldg, INJURY 21F. HC WHILE ORK ASSISTANT MI ASSISTANT MI ASSOCIATE M CREMATORY TEMPORIA 24C. FUNER/	HERE DID (1) OCCUR? That an this de UEDICAL EXEDICAL EXE	RY OCCUR? S basis, death in andetermined mannaminer AMINER AMINER CATION (City	my opinian er D 10 , town, or count	Peson Person Per



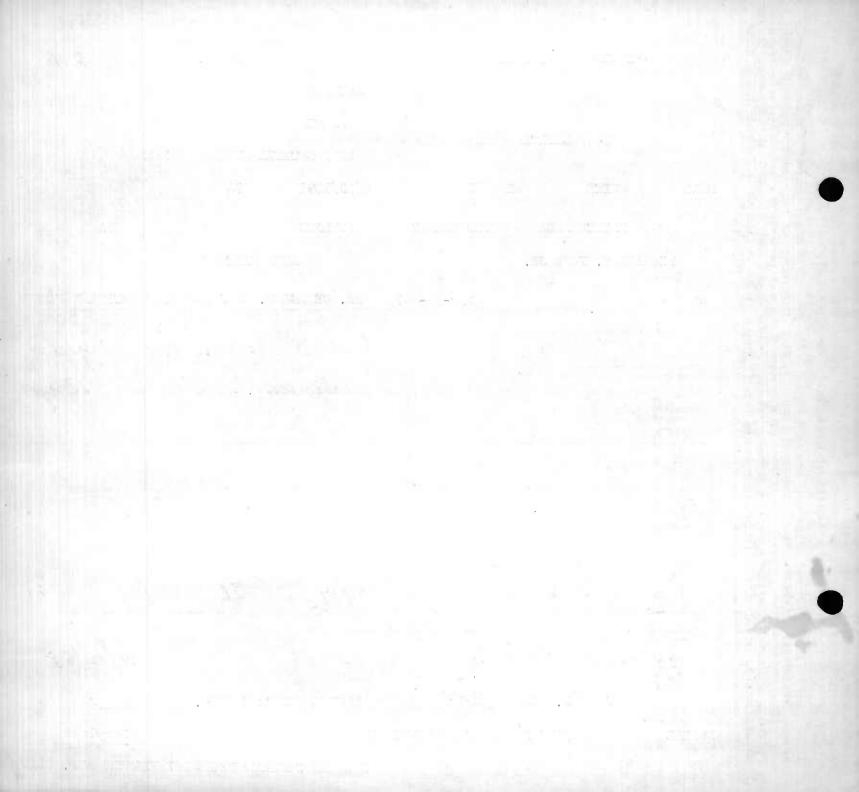
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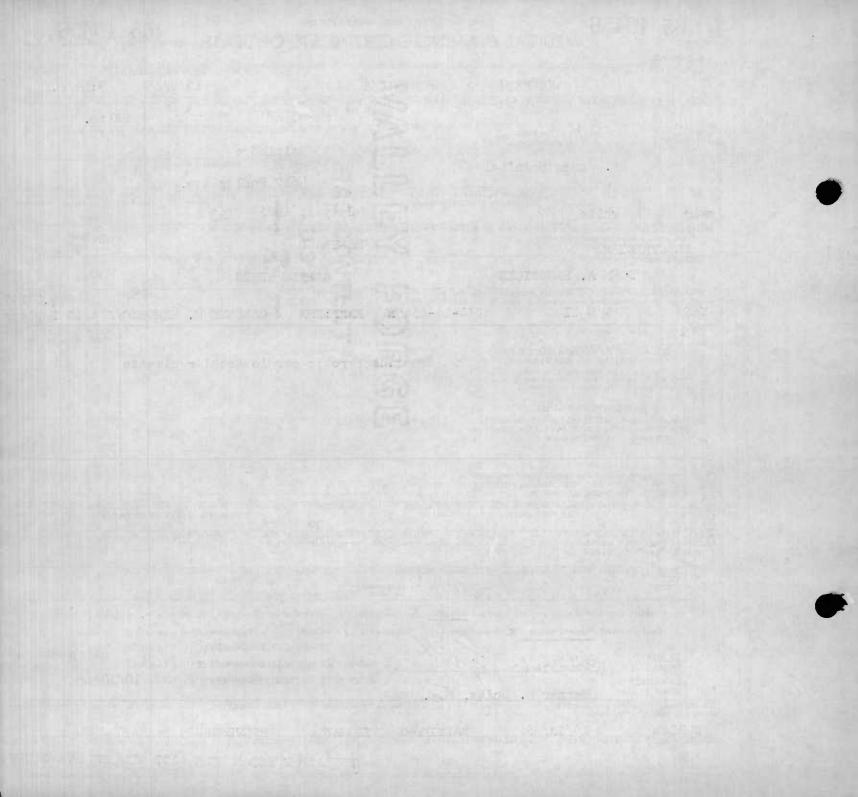
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BIRTH NO.	M	EDICAL E	XAMINER 5 CI	KIIFIC	ATE OF	JEATH Regist	ered Na		
M.E. CASE NO.						D HOUR PRONOUNG			
1. NAME OF DE (Type or Print)		KENNETH	HENDRIC	KS		10/9/		9:40 p	• M.
3. PLACE IN BAL	TIMORE MARYLAN	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET		aryland	e corporate limits, wri	Bal te RURAL ond		ip)
MOITUTION					Baltimo		53	00	7
0	St. Agne	s Hospital		D. STREET A	DDRESS (If rurol,	plar Ave.			
5. SEX	6. RACE		, NEVER MARRIED DIVORCED (specify)	B. DATE OF		9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under	24 Hrs. Min.
IOA, USUAL OCC	UPATION (Give kind of working life, even if rel		F BUSINESS OR INDUSTRY		CE (State or foreig	1	12. CITIZEN WHAT	OF COUNTRY?	
ELECTR		ENDRTCKS		14. MOTHER	ARRIE WEB				
	ED EVER IN U.S. AI	RMED FORCES?	16. SOCIAL	17. INFORMA		LIK	ADDRESS	Λ	e.21227
YES	W W II		214-14-4545x	KXKKX	MMX CA	ROLYN M. HI	ENDRICKS		
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O UNDERLYING	CAUSE WAS	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, o	n or obout 21	C. WHERE DID	Off in Boltimore City,	give exoct loco	otion)	
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	tify that I held a			арѕу		is basis, death in Indetermined man	-		
ACTUA SIGNAT		ne, h.	EN (M.D.	ASSISTAN	F MEDICAL EX	AMINER X		DATE SIG	NED
EXAMII NAME (T \ ==	ner U. Spi	tz. M.D.	ASSOCIAT	E MEDICAL E	XAMINER	10/1	0/65	
23A. BURIAL CRI REMOVAL (Specie	EMATION, 238. DA		C. NAME OF CEMETERY O	CREMATOR	23D. L	OCATION (Cit	y, town, or cou	inty) (S	Stote)
BURIAL		13/65	BALTIMORE N	ATIONAL	BA NERAL DIRECTOR	LTIMORE	MARYI	AND	
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VS 151-REV. 1/1		1 2			0 0				



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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

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ADDRESS

Hours

11.5.A

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

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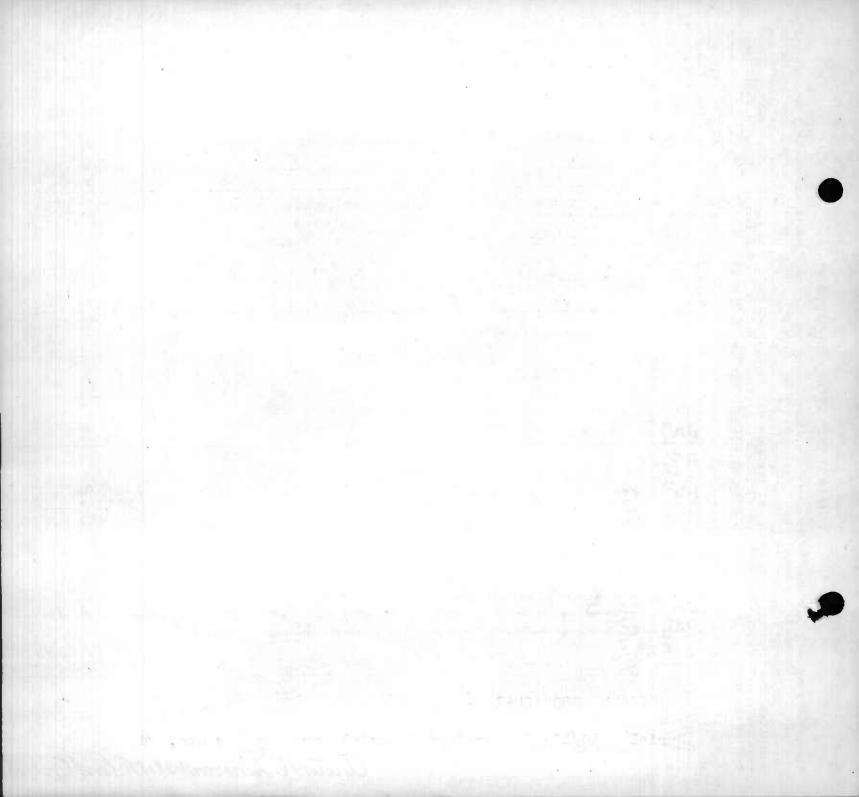
BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT



BIR	TH NO. MED	CAL EXAM	MINER'S C	ERTIFICATE OF	DEATH Registe	ered No.	
M.	E. CASE NO.						
1. (Ty	NAME OF DECEASED WILLIAM	1 H.	HARRIS	2. DATE A Octob	per 3, 1965	12:45	A
	LACE IN BALTIMORE, MARYLAND, W LL NAME OF (IF NOT IN HOSPIT, SPITAL OR ADDRESS OR LOCA TITUTION	AL OR INSTITUTION,		4. USUAL RESIDENCE (When A. STATE Maryland C. CITY OR TOWN (If outs	B, COU	JUTY	
3	Johns Hopkins Ho	ospital		Baltimore D. STREET ADDRESS (If rund 1936 E. I		enue	
5, 5	Vala Name	WIDOWED, DIVOR	CED (specify)	1 - 2 /- 1966	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours	24 Hrs. Min.
don	Male Negro USUAL OCCUPATION (Give kind of worle during most of working life, even if refired) FATHER'S NAME	Steel		1 1 1	N. C.	12. CITIZEN OF WHAT COUNTRY?	,
15. (Yes	WAS DECEASED EVER IN U.S. ARMED		CIAL CURITY NO.	17. INFORMANT	Price	ADDRESS	
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused	dying, e.g., the diseose, deoth.)	(A) Compre	of DEATH		INTERVAL BET ONSET AND I	
NO	ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST,	NY, GIVING	(B) Frac	ture of cervical	. vertebra C 3		
CERTIFICATION	II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO THE	.0				*********
-	19A. DATE OF OPERATION 19B. CON	FORMED		Yes Yes	IN CERTIFYING CAUS	SES OF DEATH?	es
MEDICA	21 A. EXTERNAL CAUSE WAS UNDERLYING STOR CONTRIB- UTING CAUSE OF DEATH. 21 D TIME (Month) (Doy) (Yeor	etc.) Bil	of INJURY (e.g., foctory, street, lard Hali	in or obout 21C. WHERE DID injury occur? 920 N. Ga 21F. HOW DID IN	ay Street	ve exact location)	/
		65 P WHILE WORK	AT NOT AT W	WHILE X Fall on	floor.		
	ACTUAL SIGNATURE EXAMINER'S		Suicid		EXAMINER X		
	BURIAL CREMATION, 23B. DATE	23C. NAA	AE of CEMETERY	CREMATORY 23D.	LOCATION (City,	, town, or county) (S	ilote)

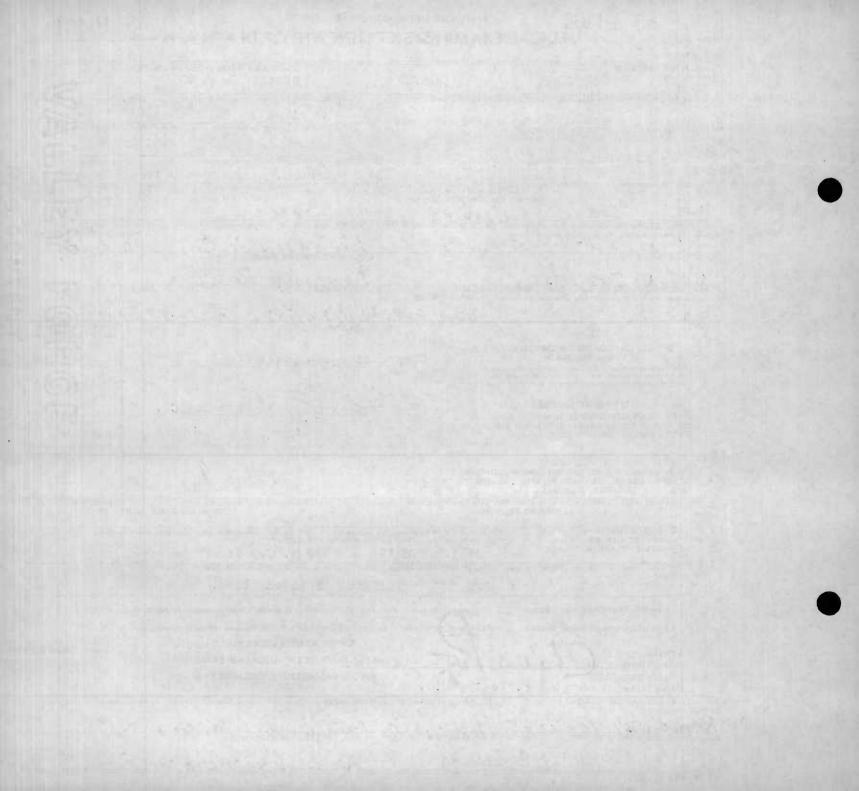
REMOVAL 70-7-65 Harris Cemetery Littleton, N.C.

44. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR 24C. FUNDRAL DIRECTOR ADDRESS

OCT 13 1965 Robert & Farberman Randolphy. Collick 1412 E. Pheston St.

VS 151-REV. 1/1/65

VS 151-REV. 1/1/65



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VS 150-REV. 1/1/65

JAN JESON BERNARD FOR STANDARD STANDARD

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OCT 13 VS 150-REV. 1/1/65

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pe or Print)	Rebert E:	fnest Adkins		October 9,1	1965
PLACE OF D	OF (If not in hospital of	or institution, give street	4. USUAL RE A. STATE Mary	SIDENCE (Where deceased live 8. COUNTY	d. If institution: residence before adm
HOSPITAL OF				TOWN (If outside city limits,	write RURAL and give township)
1331	Argyle Ave		D. STREET AT	DDRESS (If IUIO), give locoti	on)
sex Male	6. RACE	7. MARRIED, NEVER MARR WIDOWED, DIVORCED (Single	:()	9. AGE (In year lost highbor)	Months Doys Hours
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF BUSINESS OR	Maryla	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Jehn	Adkins			Maiden NAME	
	d Ever in U. S. Armed Fore vn) (If yes, give wor or date:		8932	lorence Adkins	1331 Argyle Av
18. 4	34./1	(2)	CAUSE OF DEATH		INTERVAL BETWEE
DISE	ASE OR CONDITION DIR	dying, e.g., the diseose,	Contost	tive Hëart Fai	
OTHER SIGN	he obove couse (A) NG CONDITION lost. II NIFICANT CONDITIONS CO DEATH BUT NOT RELA	ONTRIBUTING PAR	lent had not	t been seen by	me proner's office
	R CONDITION CAUSING 1	DITION FOR WHICH CO DELLA		PSY? (Yes of No.) 20B. IF YES.	WERE FINDINGS CONSIDERED OF CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	218. PLACE OF IN home, form, foctor	JURY (e.g., in or obout 21C. y, street, office bidg., INJU	WHERE DID (If in 8	oltimore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCC	URRED 21F. Not While At Work	HOW DID INJURY OCCUR?	
				0,1965 19 10	
					r) apinian death accurred an th
and haur a	URE	ed abave. (I) (We) (did) (did nat) view the bady	offer death. did	23B. DATE SIGNED
23A. SIGNAT	eng meno	nald	M.D. Attending X	Med. Stoff Phys.	10/11/65
	// /// 0/4-				
	ANS		23D. ADDRESS M.D. 844 1	I.Carey St.Bal	timore.Md.

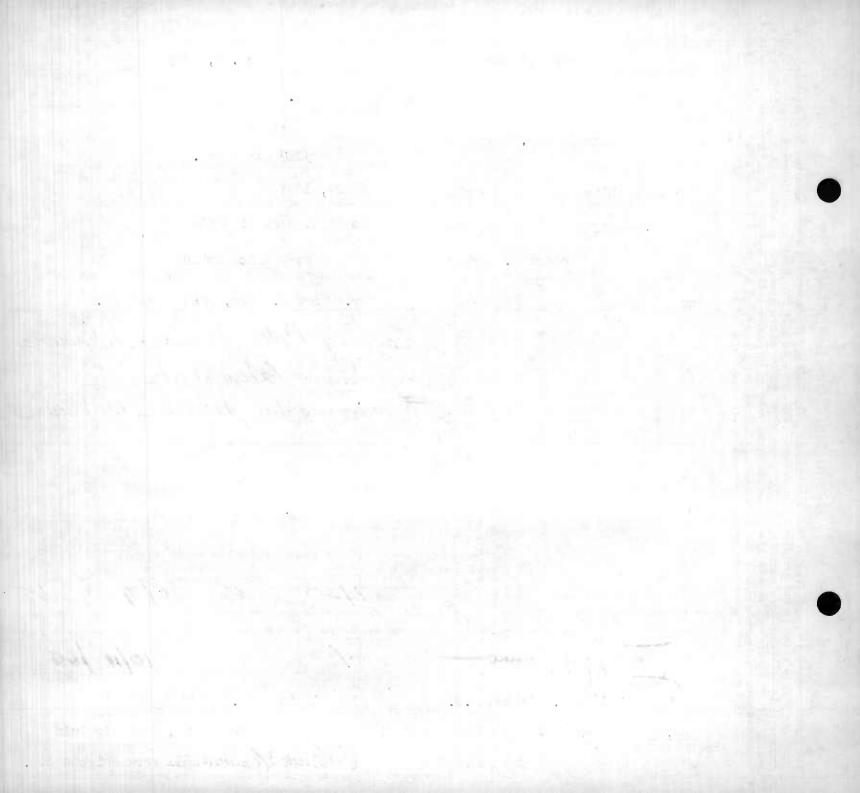
(Mrs) Frances A. Hemsley

Tracing Helle

THE PROPERTY AND att ford W Treat we stype its; entity somewell all as for -u.s. States Canada Valenta Canada Valenta de la Canada Valenta Valenta de la Canada Valenta de la Canada Valenta de la see all the No. 279 contained a second to the

FUNERAL DIRECTOR: IMPORTANT

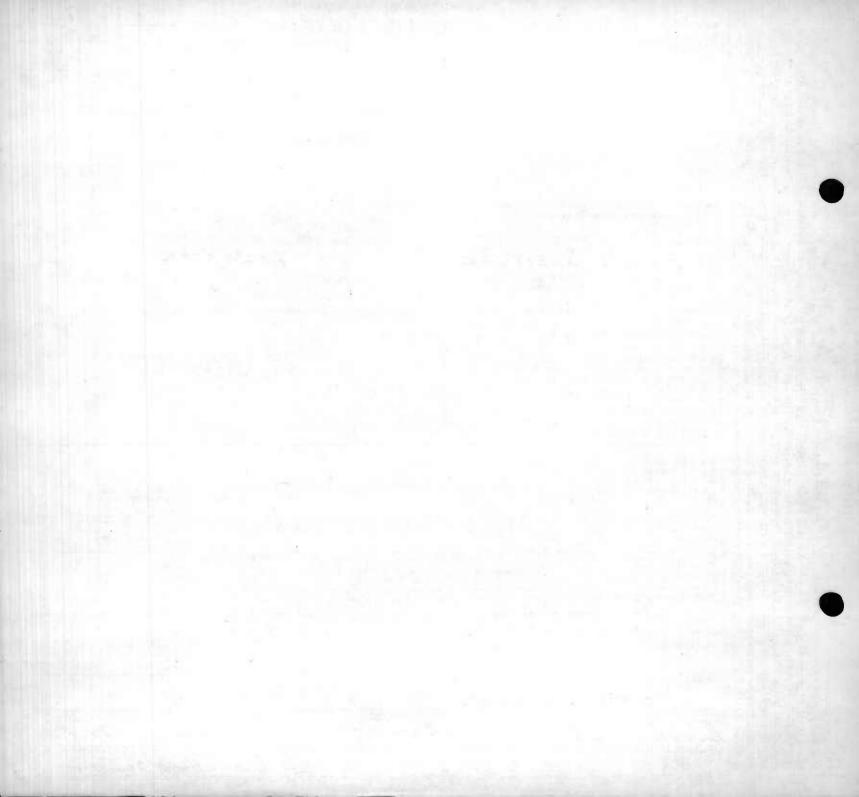
65 1040	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 10466		
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered Na.	20100		
M.E. CASE NO. I. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH			
Type or Print) Wanda Le	e Lurz		Oct. 9, 1965			
3. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE	Where deceased tived, If i	nstitution: residence before admission)		
		A. STATE B. CC	YINUC	97-15-		
FULL NAME OF (It not in hospital or in HOSPITAL OR oddress or location)	institution, give street	Md.		11/8		
INSTITUTION				RURAL and give township)		
Circi Ucar		Baltimore				
Sinai Hosp	•		(If rural, give location)			
			Elmer Ave.			
SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.		
Female White	Married	May 29, 1897	68			
OA. USUAL OCCUPATION (Give kind of work 10)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF		
one during most of working life, even if retired)	A	Coalton, Wes	t. Virginia	WHAT COUNTRY?		
Housewife 3. FATHERS NAME	At Home	14. MOTHER'S MAIDEN				
Robert	M. Carter	Mary .	Alice Ruble			
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) (It yes, give wor or dotes o		17. INFORMANT		ADDRESS		
res, no or unknown/til yes, give wor or dotes o	SECURITY NO.	Man Illamore T	T FOIO E	Two Area		
no	<u> </u>		Lurz, 5010 E			
18. 4201/1	CAUSE C	OF DEATH	- to .	ONSET AND DEATH		
DISEASE OR CONDITION DIREC	TLY E	Ronary ARH	LAN VISONA			
LEADING TO DEATH		cerraly 1 jr	11/600	CIVICIONC		
(This does not mean the made of dy heart failure, osthenia, etc. It means the	e disease.	111	66	/		
injury or camplication which coused de		extensive F	RFE1105clero	HC		
ANTECEDENT CAUSES	= 7 1					
DISEASES OR CONDITIONS, if any	giving S S	polinimonula	ar XIscare	Unknown		
rise to the above cause (A) st	ating the 3		11/00-	- SIFIC TOUCH		
UNDERLYING CONDITION fast.	2 4		L			
_	Z Z					
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING					
DISEASE OR CONDITION CAUSING IT.	IO THES					
19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
19A. DATE OF OPERATION 19B. CONDIT	SWED.	30	IN CERTIFIENCE	AUSES OF DEATH:		
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DIE) (It in Boltimo	re City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical exeminer)	home, form, foctory, street, o	office bldg., INJURY OCCUR	8			
2	III V OUT IN HUN OCCURRED	015 110 515				
OF INJURY	Hour 21E INJURY OCCURRED		INJURY OCCUR?			
(APPROX)	While At Not Whi	ile		,		
22. I certify that (I) (this hospital) a	ttended the deceased from	7/20	1965 10 /	0/9 1965		
	8/21	6				
that (I) (we) last saw the deceased of	/			iniun death accurred an the dat		
and have and from the causes stated	abave. (1) (We) (did) (did nat)	view the body after dea	th.			
23A. SIGNATURE		1		23 B. DATE SIGNED		
micho	MLO M.D. Att	tending Med.	Stoff Phys.	10/11 165		
23C. PHYNCIANTS		23D. ADDRESS	,,			
NAME Hypel						
Emidio A. Bi		3330 MITKILIS				
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	REMATORY 240	LOCATION (C	ity, town, or county) (Stote)		
Burial 10/12/65	Elmwood Cemeter	y S	hepherdstown.	West Virginia		
	B. NAME OF REGISTRAR	250 FUNERAL DIREC		ADDRESS		
	E Farberman	Co Vernon.		Park Heights Ave.		
OUT TO TOO TOO	C3 / Chronis		3			
'S 150-REV. 1/1/65			750			



IMPORTANT

DIRECTOR:

FUNERAL



VS 151-REV. 1/1/65

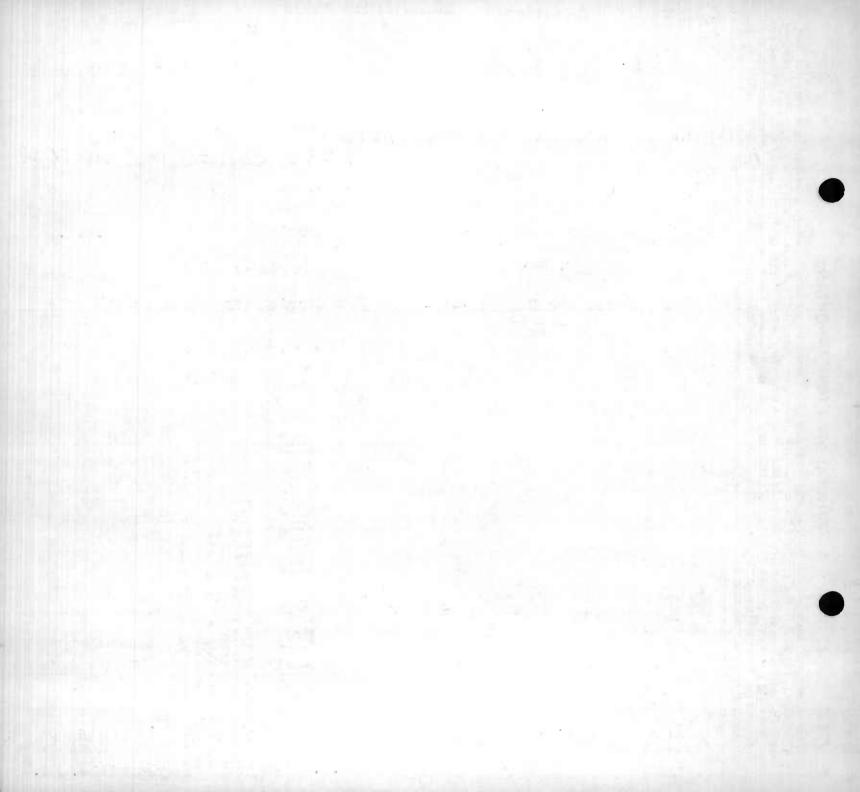
BALTIMORE CITY HEALTH DEPARTMENT

M.E. CASE NO.	MED	ICAL E	AMIINER 3 C	EKHILICATE	OF DEATH Registe	Leg 1469-7 THATO		
I. NAME OF DE	CEASED			2. DA	ATE AND HOUR PRONOUNCE	D DEAD		
(Type or Print)	ATT	77 T	OTTO DO OTTO					
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	CHEDESTER UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission				
				A. STATE Maryla	nd B. cou	NIT		
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR TOWN III outside corporate limits, write RURAL and give tawnship)				
1				Baltimore 240/				
4				D. STREET ADDRESS	(If rurol, give location)			
Во	n Secours Hos	pital			1371 Andre St.			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs		
male	white		DIVORCED (specify) Married	Dec. 1, 1	9 額 48 49 XXX	Manths, Days, Hours, Min.		
done during most of	UPATION (Give kind of world working like even if retired)	IOB KIND OF	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign countrBemus	12. CITIZEN OF WHAT COUNTRY?		
Brake	Man lile, even if refired)	B &	O Railroad	XBXXXXXX, W	est Virginia	USA		
3. FATHER'S NAM	ME			14. MOTHER'S MAIDEN	NAME			
	Thomas_Che	doctor		Sally	Thompson			
	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	•	ADDRESS		
	(If yes, give war ar dote	s of service)	SECURITY NO.	Scarppel1	i Funeral Home	Cumberland Md		
Yes	WWII		Unknown	ocarpperr	I functal nome	edilberrand, Md.		
1B. 44	2.1		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEA	SE OR CONDITION DI	RECTLY						
	LEADING TO DEATH		Arterio	sclerotic car	diovascular dise	ease		
(This daes	not meon the mode of , asthenio, etc. It meons	dying, e.g.,	DUE TO					
injury or co	mplicotian which coused	deoth.)						
	ANTECENDENT CAUSE	e						
	OR CONDITIONS, IF A		DUE TO	00 0 p 2 = 0 = 2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0	*******************************			
RISE TO TH	IE ABOVE CAUSE (A) S'		DOE 10					
	NG CONDITION LAST.		IC)					
<u> </u>			(0/	000000000000000000000000000000000000000				
OTHER SIG	II INIFICANT CONDITIONS	CONTRIBUTI	NG					
O THE	DEATH BUT NOT RE	LATED TO T						
	R CONDITION CAUSING		WHICH OBERATION	TOO A ALIXODOVA IV	- N. 1 1008 IE WES THESE SIA	IDINOS CONSIDERO		
O DATE OF	WAS PER		WHICH OPERATION	ye s	IN CERTIFYING CAUS	SES OF DEATH?		
	L CAUSE WAS	21 B.	PLACE OF INJURY le.g.,	in or obout 21C. WHERE	DID IIf in Boltimore City, giv			
UTING CAU	OR CONTRIB-	home etc.)	, form, factory, street,	office bldg., INJURY OCC	CUR?			
7								
OF INJURY	(Month) (Doy) (Yeo) IHour) 2	TE. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?			
(APPROX.)		m. N	WHILE AT NOT	WHILE				
22.								
i cer	tify that I held on I	nquiry	Inspection Au	topsy and that	t on this bosis, deoth in m	y opinion		
resu	Ited from: Notural co	uses X	Accident Suicio	de Homicide	Undetermined monne	or _		
	1111	0 1	1	CHIEF MEDIC	AL EXAMINER			
ACTUA	L // 1/9/11	esh.	G101.			DATE SIGNED		
SIGNAT		C-++-		ASSISTANT MEDIC		10/10//5		
	VER'S Werner U.	Spitz,	M.D.	ASSOCIATE MEDIC	CAL EXAMINER	10/10/65		
NAME (00	C. NAME OF CEMETERY	CDEAL ATORY	22D LOCATION /Cim	town or county) (State)		
REMOVAL (Specif		23	C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (City,	town, ar caunty) (State)		
Burial	10/13/6	5	Hillcrest Cen	neterv	Cumberland	d, Maryland		
	BY HEALTH DEPT.	_	OF REGISTRAR	24C. FUNERAL DI		ADDRESS		
DOT 4	O HOCE A C	1 0 9	0	171.1		7 Williams Assessed		
OCT 1	3 1965 120	F. 3 4	WEUMAR	hubbard F	uneral Home 410	7 Wilkens Avenue		

Centravaseules Content Ottoniachiotica des ande. RE EURIN - 10-15-EL T- WENNE LAKE CE

NRTH NO. M.E. CASE NO. NAME OF DECEAS		70	Y HEALTH DEPARTMENT		
	65 104	CERTIFICA	TE OF DEATH	Registered No.	65 10470
Type or Point				NO HOUR OF DEATH	
Chill.	V - V -	YNN		3-65 7:	\
. PLACE OF DEATH	IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (WE A. STATE B. COU	ere deceased lived. If i	nstitution: residence before odmis
FULL NAME OF	(If not in hospital or inst	itution, give street			Balle
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If o	utside city limits, write	RURAL ond give township)
1 LITHERAN	LACRITAL	OF MARYLA	10 10HLTI	MORE,	11D- 550
LUI 1914 NI N	HOTTINAL	01 .1117 / 111	1 0 2 2	rural, give location)	Doct QUADA
. SEX 6.	RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yi. If Under 24
M		DOWED, DIVORCED (specify)	9/25/1920	lost birthdoy	Months Doys Hours Min
OA. USUAL OCCUPA		IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or lo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Service 1		Garage	Marvlar	5.0	U.S.A.
3. FATHER'S NAME	idias ci	uar age	14. MOTHER'S MAIDEN N.		U.S.A.
Ch	arles J. Gun	1	Marnal	Jenkins	
5. Was Deceased Ev	er in U. S. Armed Forces?	16, SOCIAL	17. INFORMANT	BEHATHS	ADDRESS
	yes, give wor or dotes of so		Mar Comeria	Carrer C	
Yes 1	World War 2	213-18-8853 CAUSE C	Mrs Carrie	Gunn Same	as # 4
DISEASE	OR CONDITION DIRECTLY	2		,	ONSET AND DEATH
	ADING TO DEATH	(A) 151	to the precio	oula	9 hrs
	meon the made of dying henia, etc. It means the d				
	cation which coused death		· Va Como	i Mefastas	: 1 ban 1 40
AN'	TECEDENT CAUSES	(B) OI	In During	1 1	0 11 mm 1 91
DISEASES OR	CONDITIONS, if any,	giving 10,	a Vite Medi	Ten.	2
	obave cause (A) stotin CONDITION last.	g the (C)	20040 00		0
	11				
OTHER SIGNIFIC	ANT CONDITIONS CONTRI				
DISEASE OR CO	TH BUT NOT RELATED NOTION CAUSING IT.	TO THE			
19A. DATE OF OF	PERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	10) 20B. IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIBUTION DEATH (notily me	WAS UNDERLYING DE CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
DEATH (notily me	dical exominer)	etc.)			
-	Nonth) (Doy) (Year) (Hou		21F. HOW DID IN	IJURY OCCUR?	
OF INJURY					
		While At Work At Work		0	
OF INJURY	ot (I) (this hospital) atte	Work At Work		19 65 to Oct	alex 8 196
(APPROX) 22. I certify the		Work At Work	Jugur 23	19 65 to Oct	
OF INJURY (APPROX.) 22. I certify the that (I) (we) Ia:	st saw the deceased aliv	work At Work	8-19-65 and	hat in (my) (aur) ap	
OF INJURY (APPROX) 22. I certify the that (I) (we) last and hour and fr	st saw the deceased aliv	Work At Work	8-19-65 and	hat in (my) (aur) ap	Inlon deoth accurred an the
OF INJURY (APPROX.) 22. I certify the that (I) (we) Ia:	st saw the deceased aliv	work At Work Inded the deceased fram Indee an T: 34 AM (0) Indee (1) (We) (did) (did not)	8-19965 and to	that in (my) (aur) ap	Inlon death accurred an the
OF INJURY (APPROX) 22. I certify the that (I) (we) Ia: and hour and fr	am the causes stated ab	work At Work Inded the deceased fram Indee an T: 34 AM (0) Indee (1) (We) (did) (did not)	view the body after death	that in(my) (aur) ap	Inlon deoth accurred an the
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C.M. Waltz Box



23C. NAME OF CEMETERY OF CREMATORY

Holy Redeemer Cem.

VS 151-REV. 1/1/65

23A, BURIAL CREMATION,

24A, DATE REC'D BY HEALTH DEPT.

Burial

REMOVAL (Specify)

23B. DATE

10/15/65

24B NAME OF REGISTRAR

U

23D. LOCATION

Baltimore, Md.

Schimunek Funeral Home, Inc. 3331 Brehms Lane

(City, town, or county)

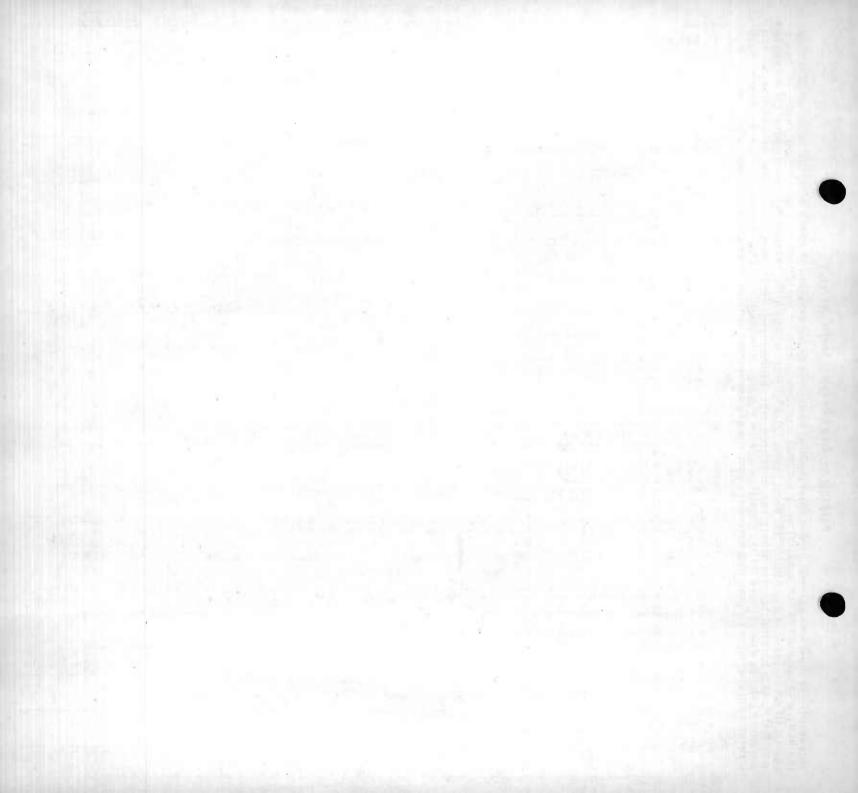
(State)

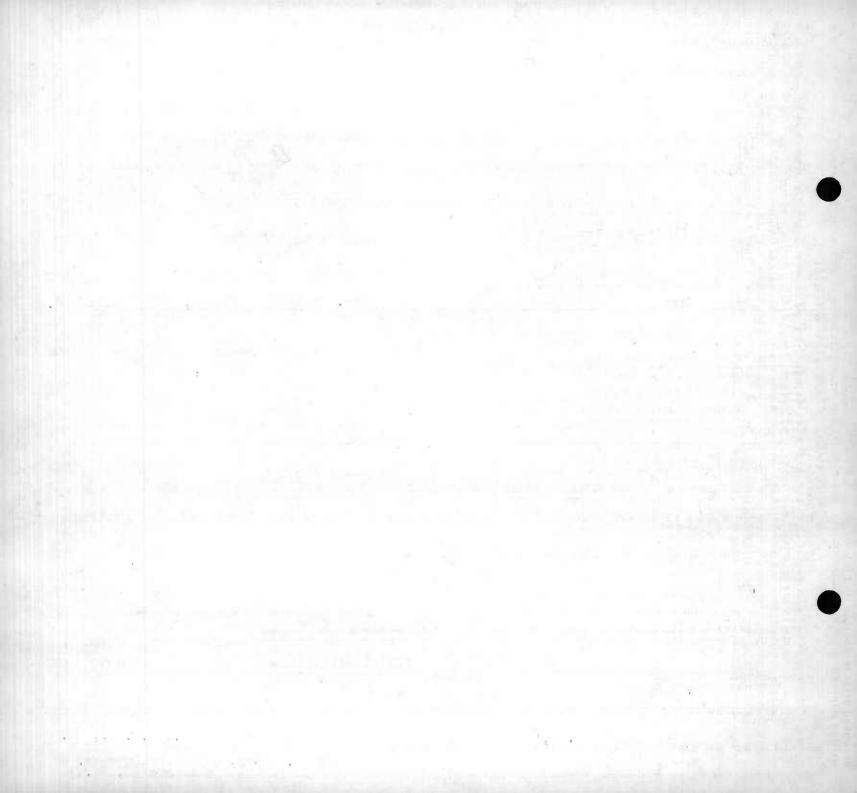
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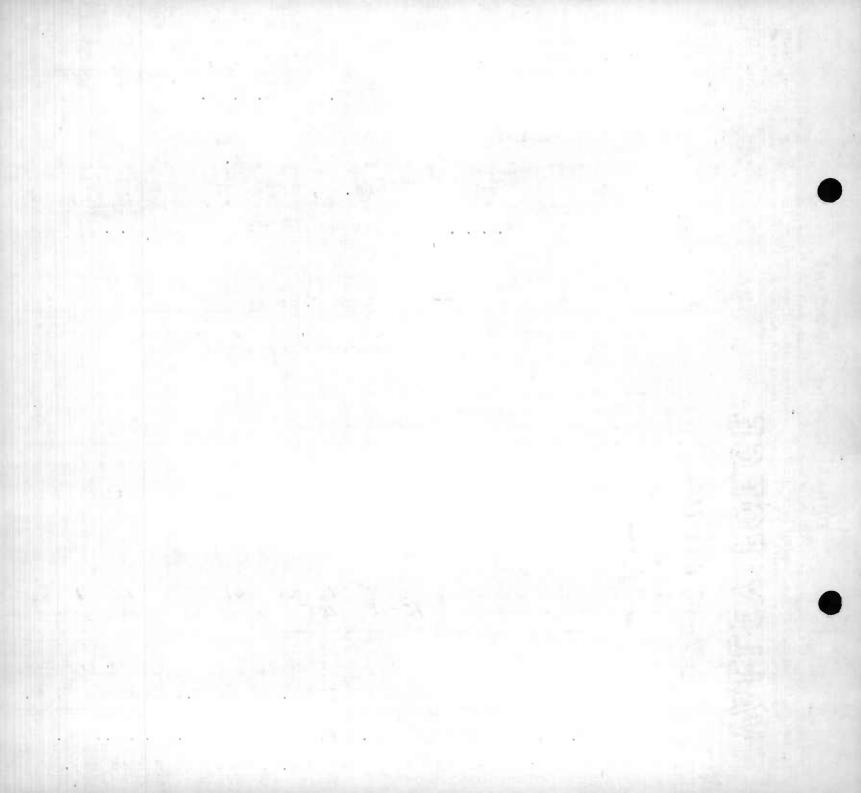
IMPORTANT

FUNERAL DIRECTOR:

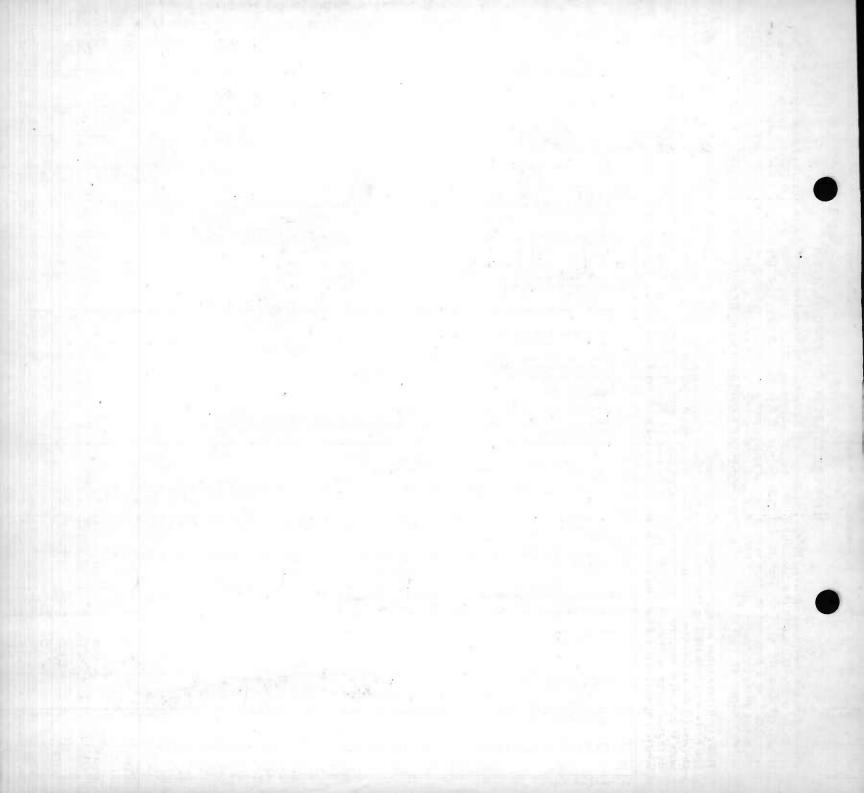
the th	M.E.	NO. 65 10473 CERTIFICATE OF DECEASED	ICATE OF DEATH Registered No. 1 2, DATE AND HOUR OF DEATH	0 10473
P. S.	(Туре	or Print) OTTO KRABITZ ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence befare ac
de de	H	JLL NAME OF (If not in hospital or institution, give street DSPITAL OR oddress or location) STITUTION	C. CITY OF TOWN (If outside city limits, write RI	2/0/ JRAL and give township)
caus afte	ید	South Baltomore General	D. STREET ADDRESS (If rural, give location) 786 W. Grass It	(30)
tribu mine gula sed mad	5. SE	7. MARRIED, NEVER MARRIED MOVED, DIVORCED (speci		If Under 1 Yr. If Under Months Doys Hours
- D - D -	dane	USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR IND dwging most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) Thereford	12. CITIZEN OF WHAT COUNTRY?
\$ + ± 6 di	13. F	Tinknown?	14. MOTHERS MAIDEN NAME Mulenown ?	
		os Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service) 2.2 - 0.1 - 3	2130 M. Corrie X. D.T -74	6 W. Cross
of any of any unced tendan	1	B. L. II. S X I CAL	USE OF DEATH	INTERVAL BETWE
A 5 C B E		(A) (This daes not mean the made of dying, e.g., DUE The disease, injury or complication which caused death.)	Outerioscleratie and Hyperteinswe	13 7001
A fra Who regu		ANTECEDENT CAUSES (B) DUE T	10	
S = 1 3 6		rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		
hedic burr physican war war war war	ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1200 - 11200 127	
	RTIF	9A. DATE OF OPERATION WAS PERFORMED 11A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, str	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
he; (No	V	DEATH (notify medical examiner) (ct.) 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
the hosp iny naturexcept v and (6) obtained	2	APPROX.) While At No	of White	0-11 196
0 0 0	1	hat (I) (we) last saw the deceased alive an	9 19 6 5 and that In(my) (cor) apin	
cident of hospital to death)		3A. SIGNATURE AND CATES M.D		23B. DATE SIGNED
9 2 2 4 5	7	3C. PHYSICIAN'S NAME (Type) HARRY F. LATES	23D. ADDRESS M.D. 5/7 Scall St.	halto mu . >
An An orio				
shows: (1) An ewas D.O.A. at deceased prio	24A.	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	or CREMATORY 24D. LOCATION (City	Time of Du







	BALTIMORE CIT	Y HEALTH DEPARTMENT	/	05 40490
MIRTH NO. M.E. CASE NO. 65 104	76 CERTIFICA	ATE OF DEATH	Registered No.	5 10476
Type or Printy or hand 2/1	11	44	ND HOUR OF DEATH	11:45
B. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Whe	ere deceased lived. If in:	stitution: residence before admission
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)		Baltimo	Marylan	d
INSTITUTION / Many mink	News Home	C. CITY OR TOWN (If ou	itside city limits, write R	(URAL ond give township)
27 M Carey St		D. STREET ADDRESS (IF	turol, give location)	
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
	WIDOWED, DIVORCED (specify)	13-30-1874	lost bighdoy	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
lone during most of working life, even if retired)	None	Balt m	ore Md.	WHAT COUNTRY?
Edward H	iLL	SUSAN	Woods	S
5. Was Deceased Ever in U. S. Anned Forces? Yes, no or unknown) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	Nehlie A	dams	ADDRESS
18. 133.81	7	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY (A) COC	17. Cinomo	oftho	7
(This does not mean the made of dy heart failure, asthenia, etc. It means the	disease,	2000		
ANTECEDENT CAUSES	(B)	own		
DISEASES OR CONDITIONS, if any	DUE TO giving			
rise Ia Ihe abave cause (A) sta UNDERLYING CONDITION last.	ling the (C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE			Leu Si
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORE	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (F	Tour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Wor		(4 16
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and haur and from the causes stated	abave. (I) (We) (did) (did nat)	view the bady after deoth.		238, DATE SIGNED
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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 10477 Registered No. 15 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MOLLIE KRONBERG OCTOBER 8, 1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY A. STATE MARYLAND (If not in hospital or institution, give sheet FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN flf outside city limits, write RURAL and give township) INSTITUTION BALTIMORE 5114 CORDELTA AVENUE D. STREET ADDRESS (If sural, give location) 5114 CORDELIA AVENUE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. WIDOWED DIVORCED (specify) Months! Doys lost birthdovi Hours FEMALE WHITE 1889 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE AUSTRIA AT HOME USA 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME MORRIS HALPERN UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT 6. SOCIAL 6157 OLD YORRORDAD APT 6B (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. MR. IRVING KRONBERG PHILADELPHIA, PENNSYLVANIA NO 217-48-9570 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoting the UNDERLYING CONDITION IOSI. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID flf in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, sheet, office bldg., INJURY OCCUR? DEATH fnotify medical examiner MEDIC 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While ((APPROX.) At Work Work 22. I certify that (1) (this-hospital) attended the deceased from that (I) (we) last saw the deceased alive an..... and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did_not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) JONAS COHEN 6702 PARK HEIGHTS AVENUE M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) BALTIMORE HEBREW BURIAL 10/10/65 BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEP 25B. NAME OF REGISTRAR BROS. INC. 6010 REISTERSTOWN RD

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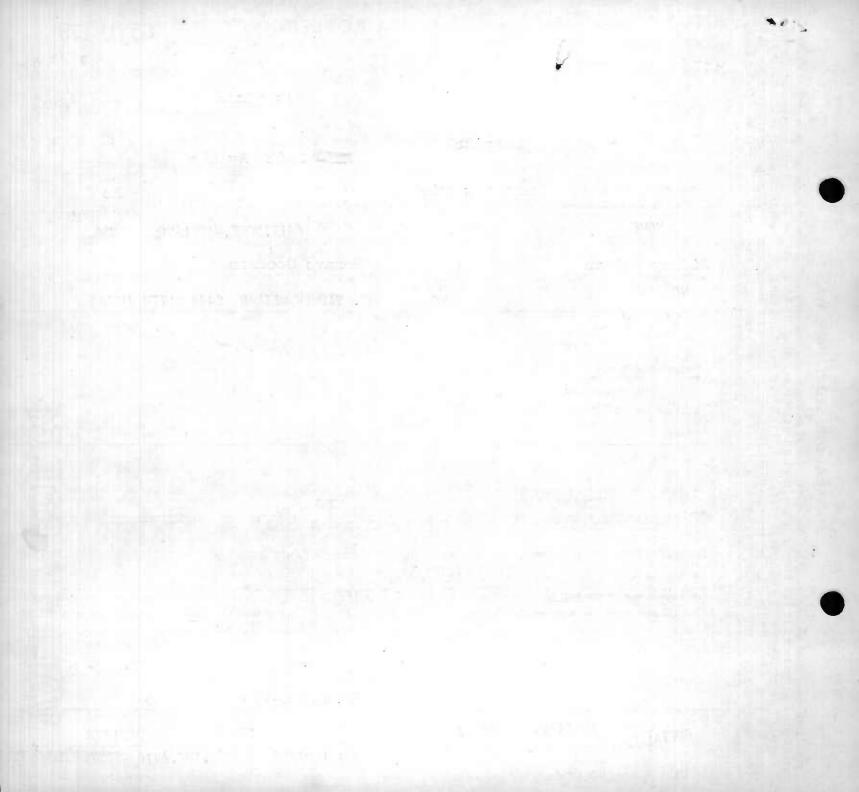
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					3707 Ga	rdenview Ra	
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	AIIIEK J WAN	David Mil	lhauser			Hanauer	
15. W	Vos Deceosod	Ever in U. S. Armed Fore		L ITY NO.	17. INFORMANT		ADDRESS
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-	Johns	Hopkins	Hospital	D. STREET ADDRESS 244 Smith	f ruro), give locotion) A Avenue	TENNAME.
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5 W	idney V	Ever in U.S. Armed For	ces? 16. SOCIAL	Ronnye Good	aman	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT 65 10480 65 10480 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EDITH EUTENT OCTOBER 11, 1965 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE 8. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE JEWISH CONVELESANT HOME D. STREET ADDRESS (If rurol, give location) 4001 WEST NORTHERN BARKWAY 4601 PALL MALL ROAD 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy WIDOWED, DIVORCED (specify) Months Doys FEMALE Hours WHITE WIDOWED 2/15/1894 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? HOUSEWIFE AT HOME LATVIA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHOLOM GROSSMAN FRIEDA 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 1 6. SOCIAL 8807 LANIER BRIVE (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO 215-34-1594 NO MRS. MINDELL BRICKEN SILVER SPRING. MD. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Hirombon LEADING TO DEATH (This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise la the abave cause (A) stating the UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (I) (this hespital) attended the deceased fram 19 0/0 that (1) (we) last saw the deceased alive an and that in (my) (per) apinian death occurred an the date and haur and from the causes/stated above. (1) (Ver (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending. Med. Stoff 10/12/65 Phys. Oirector Phys. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS DR. DANIEL 3600 LOCHEARN DRIVE M.O. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BURIAL 10/13/65 HEBREW YOUNG MEN BALTIMORE MARYLAND 25A. DATE REC'D SY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

SOL LEVINSON & BROS. INC. 6010

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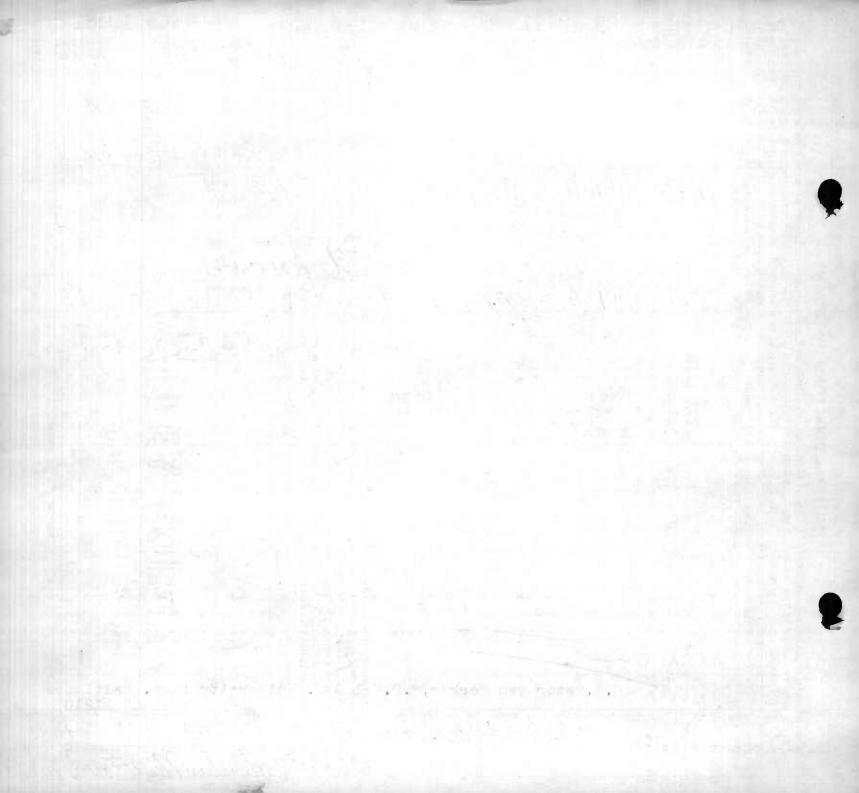
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3033 Remain of the control of the co	F	FULL NAME OF (If not in hospitol or institution)	ution, give street	A. STATE B. COUNT		2-06
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OF INJURY (APPROX.) While At Not While At Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 5-2 - 196/ ta 18-8-1966	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, off		(If in Boltimore C	ity, give exact location)
	2 2	OF INJURY	While At Not While		RY OCCUR?	
	9		1 - 12	7		
	5	Such	Phys	Director	Stoff -	B. DATE SIGNED
Phys. Director Phys.		23 C. PHYSICIANES	2	3D. ADDRESS	raity Pkwy	Beltimone
Phys. Director Phys.		116210101110				
Phys. Director Phys. Phys. Director Phys. Director Phys. Director Phys. Director Phys. Phys. Director Phys. Dir		BURIAL CREMATION, 248. DATE 2 REMOVAL (Specily) 10/12/65	4C. NAME OF CEMETERY OF CREE	Cemetery P	CATION (City.	and 21210 (Stot) D. Md.



CERTIFICATE OF DEATH death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 0110/01 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
A. STATE
B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress of location) INSTITUTION D. STREET ADDRESS in regular Po MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. deceased Hours WIDOWED, DIVORCED (specify) lost birthdoy OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) (4) Und 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME 15. Was Deceased Ever in U. & Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance pronounced CAUSE OF DEATH 10 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Immata (This daes not mean the made of dying, e.g., embal regular heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the physician the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where °Z the hospital DEATH (notify medical examiner) MEDIC obtained 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) At Work pup 22. I certify that (1) (this haspital) attended the deceased fram 101774 19 6 Tto clear death); that (1) (we) last saw the deceased alive an 10/10 19 and that In(my) (aur) apinion death accurred on the date hospital and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. 10/10/65 prior to written approval O 23C. PHYSICIAN'S 23D. ADDRESS ŧ NAME (Type) 24A. BURIAL OREMATION, 24B. DATE deceased 0.0 25C. FUNERAL DIRECTO

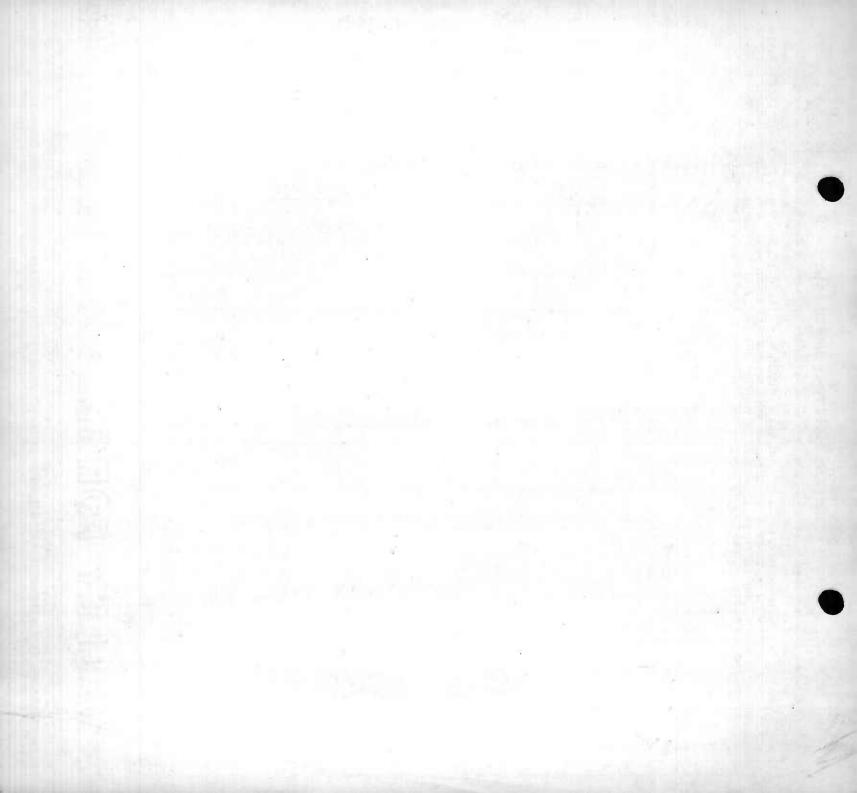
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DIRECTOR:

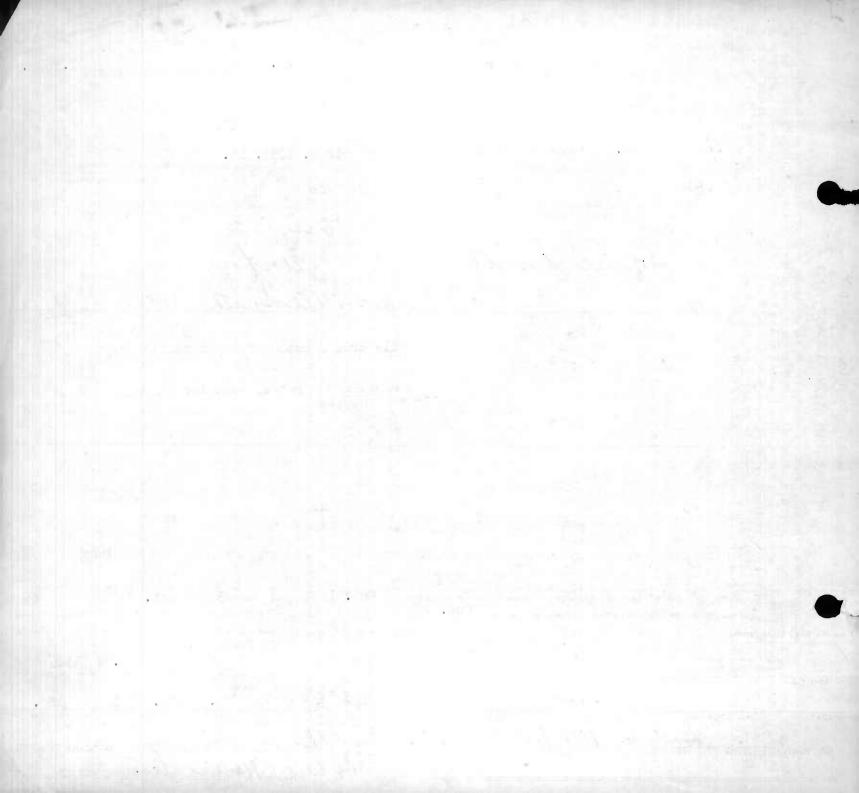
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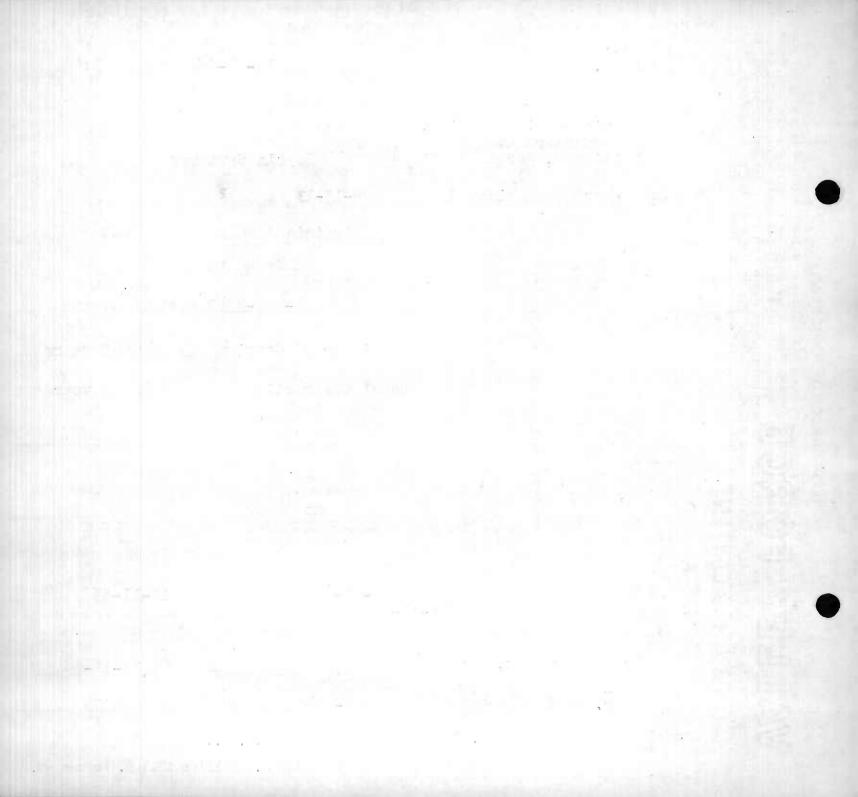
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BALTIMORE CITY HEALTH DEPARTMENT



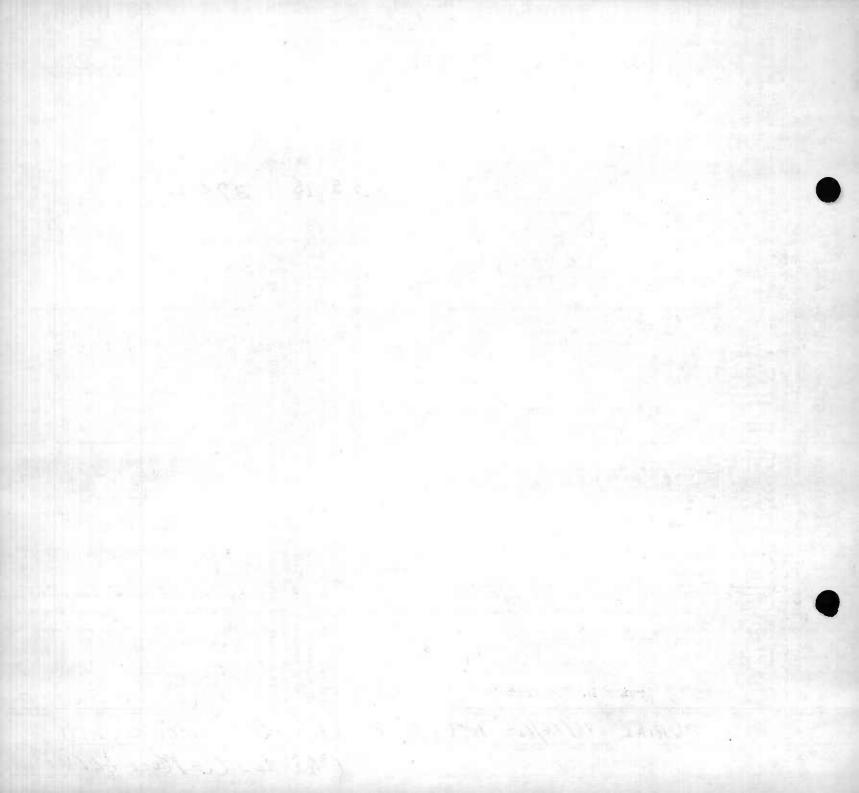
BALTIMORE CITY HEALTH DEPARTMENT





deceased

TIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH RESIDENCE (Where deceased lived, If institution; residence (If outside city limits, write RURAL and give fownship) If Under 1 Yr. If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 10-12 19 65 and that in(myT (aur) apinion death accurred an the date 238, DATE SIGNED VS 150-REV. 1/1/65



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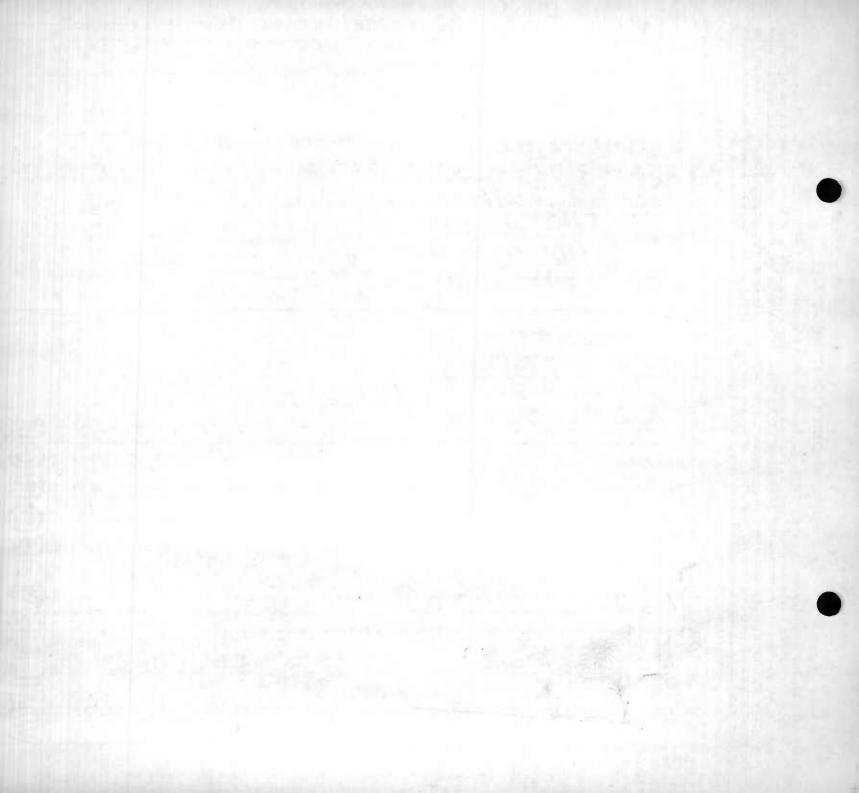
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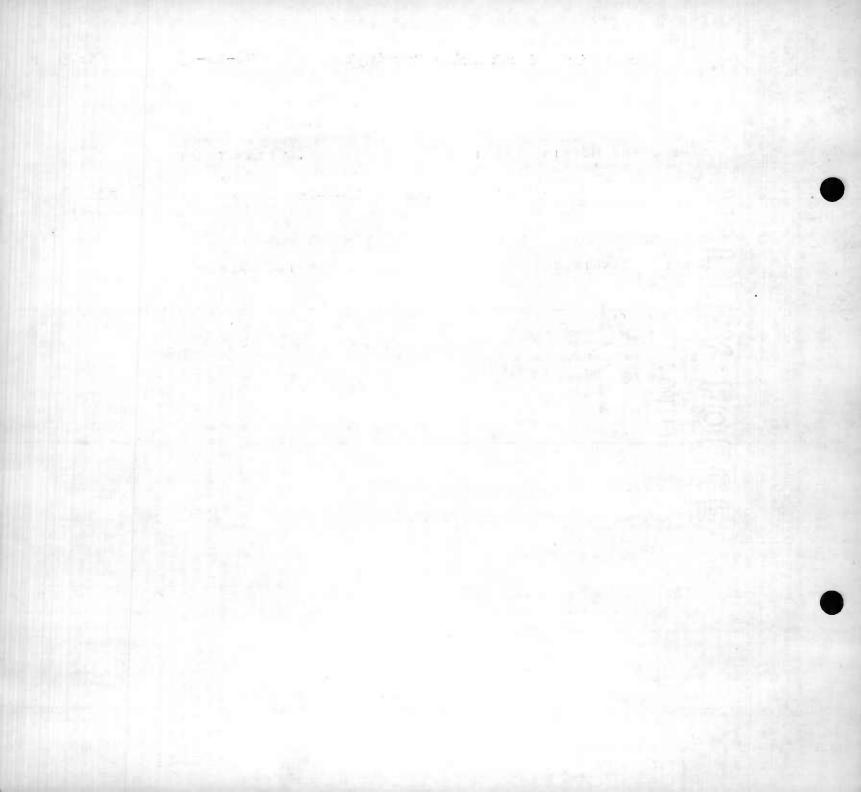
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	H NO.	MEDI	ICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
	CASE NO.	Crace		
(Typ	IAME OF DE		IST STELLIS STE	10/8/65 10:10 p. M.
FUL	I NAME OF	UF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)
				12 W. Biddle St.
5. S	male	white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	Dec. 26, 1906 9. AGE (In years II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done	during most of	working life, even if retired) on Operator	Public Golf Course	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Greece 14. MOTHER'S MAIDEN NAME
		Stelles		The state of the s
		ED EVER IN U.S. ARMED		17. INFORMANT Conits 6101 York Rd.
	18. 47 63			Mr. Crist G. Contin Baltimore, Md. 12
ERTIFICATION	RISE TO TH UNDERLYI	OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST, II INFICANT CONDITIONS	(C)	
IFIC		R CONDITION CAUSING		
CERT	19A. DATE O	F OPERATION 198, CON WAS PERI	IDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O	UNDERLYING	L CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		21F. HOW DID INJURY OCCUR?
	resu		nquiry Inspection Au uses X Accident Suicid	
	SIGNAT EXAMII NAME (URE_ WUTU	e U. Spitz, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 10/9/65
	BURIAL CRE NOVAL (Special Burial	MATION, 23B. DATE	23C. NAME of CEMETERY	
24A	OCT 1	BY HEALTH DEPT. 3 1965 Robert	24B, NAME OF REGISTRAR	Won. L. Tickner & Sons north of a
VS	151-REV. 1/1.	65		

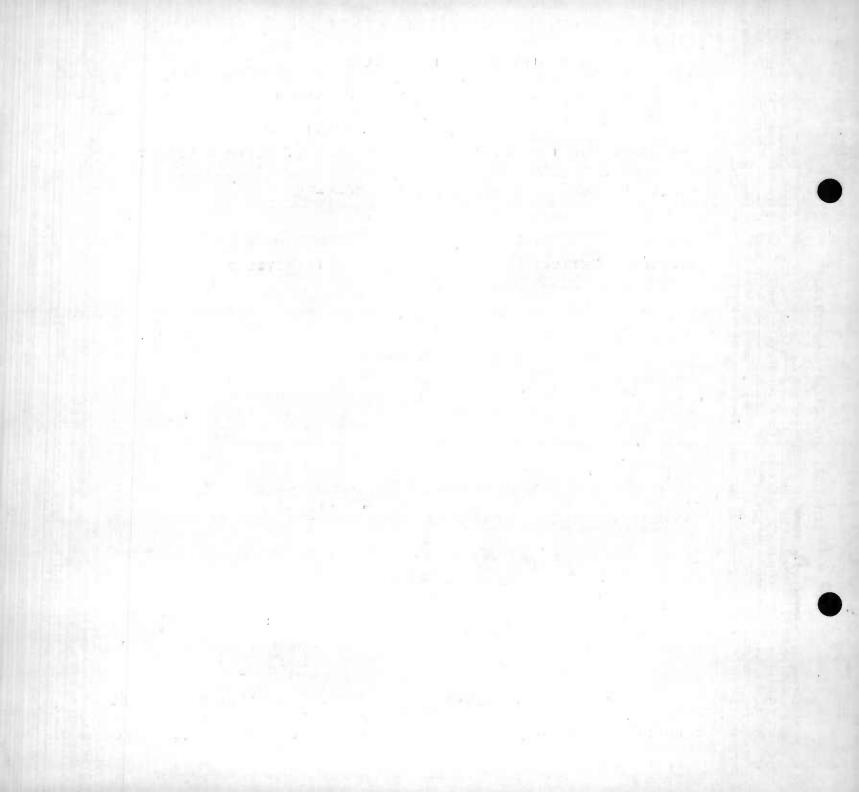
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1560 2050	1	12.D6 (12 CE 10/14)	TIMORE CITY HEALTH I		65 10490
496 and and ased the the	M.	E CASE NO.	RTIFICATE OF	2. DATE AND HOUR OF DEAT	гН
7 \ 5005 .		Baby Girl of Catherine	a Carringtor	10-11-65	10
a hospit cause of se; (5) De indance		PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) NSTITUTION	MAR'	RESIDENCE (Where deceased lived, II B. COUNTY YLAND OR TOWN (If outside city limits, writh the county limits) LTIMORE	te RURAL and give township)
7 = 5 = 1	25		D. STREET	ADDRESS (If rural, give location)	
Join Drag	Ď	THE JOHNS HOPKINS HOSPITAL	1209	9 N. EDEN STREET	
occurr ntribu rmine egula		F	D (specify)	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ALK or co ndete in r		N. USUAL OCCUPATION (Give kind of work) 10 8. KIND OF BUSINESS to during most of working life, even if refired)	OR INDUSTRY 11. BIRTHP	LACE (State or foreign country)	12. CITIZEÑ ÓF WHAT COUNTRY?
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F + 5 4 + 1	2	CHARLES CARRINGTON	CAT	THERINE WALKER	
ORTANT assistant if a if the direct ny kind; (4) u adance on the	15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ITY NO.	THERINE WALKER	ADDRESS
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his lso, of a unc	3	DISEASE OR CONDITION DIRECTLY	0- 1	, 01	ONSET AND DEATH
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S of the state of	5	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			
O :=		ANTECEDENT CAUSES	18) cerebral	anoxia	
CT CT	0	DISEASES OR CONDITIONS, if any, giving	DUE TO		
3 9 6 6 L	3	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	0 x x x 0 0 x 0 x x x x x x 0 0 x x x 0 0 x x 0 0 x x 0 0 x x x x 0 0 0 x x x x 0	
L DI					
Je		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
UNERA chief me by a mec Body bu the phy hysician	ERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPE	RATION 20A. AL	JTOPSY? (Yes of No.) 208. IF YES, WEIN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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dpp f and f	0	that (1) (we) lost sow the deceosed olive on	19	1 /	aplaian death occurred on the dat
W_ 0 B E -		and hour and from the couses stated above. (1) (We) (dia	d) (did not) view the br	ody ofter deoth.	
+ S - C - O	T C C	23A. SIGNATURE			23B. DATE SIGNED
30.55		Markent Farin	M.D. Attending Phys.	Med. Stoff Phys.	10/11/65
0 - 0 -	24	23C. PHYSICIANS NAME (Type) Horbert Kaizer	23D. ADDRI		sp. In
# 3 E 4 B	24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CE	METERY OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
E 7000		REMOVAL (Specify)	and Harry	Ida Ballia	ORE Md.
This cert the body shows: (was D.O	25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	AR 25C, FI	UNERAL DIRECTOR	ADDRESS
This the I show was dece	3	OCT 13 1965 P. O. A. E. Farluman	0 00	() " ()	
	1/6	150 DEV 1/1/45			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 10491 BIRTH NO. 65-25602 65 10491 CERTIFICATE OF DEATH of death Deceased Such the and I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO BABY GIRL OF MARIE NETTLES 12 hospital 19:101 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY ance (2) MARYLAND a hos (If not in hospital or institution, give stroot FULL NAME OF HOSPITAL OR oddross or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) canse; attend 9 INSTITUTION BALTIMORE contributing prior D. STREET ADDRESS (If rural, give location) THE JOHNS HOPKINS HOSPITAL 0 2006 E. HOFFMAN STRFFT etermined regular 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. Months: Doys If Under 24 Hrs. Bac deceased WIDQWED, DIVORCED (specify) ost birthdoy Hours FEMALE NEGRO NEVER MARRIED 10-9-65 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? = done during most of working life, even if retired) eath (4) Und Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME CLEVELAND NETTLES MARIE NETELES assistant = eath LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sorvice) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. attendance O any CAUSE OF DEATH pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med fracture of LEADING TO DEATH (This does not mean the made of dving, e.g., bal heart failure, asthenia, etc. It means the disease, OL injury or complication which caused death.) 5 E e ANTECEDENT CAUSES DUE TO who 0 DISEASES OR CONDITIONS, if any, Prematurity 3 rise to the above cause (A) stating the physician UNDERLYING CONDITION last. emains medical Was medical burns; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING an TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) here hospital å DEATH (notily medical examiner) any nature; by 3 ā 21 D. TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 9 OF INJURY approved (except While At Not While (APPROX) At Work and Work 22. I certify that (1) (this hospital) attended the deceased from 10/9 19 65 .19 that (1) (we) last saw the deceased alive an... and that in(my) (our) opinion death accurred on the date eath) o hospital and hour ond from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. was released must An accident 23A, SIGNATURE ō uhard Attending Mod. Stoff 0 Director pproval 0 23D. ADDRESS 23 C. PHYSICIAN'S prior a NAME (Type) RICHARD HELLER THE JOHNS HOPKINS HOSPITAL O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION eceased REMOVAL (Specify) shows: 10-12-65 THE JOHNS HOPKINS HOS. CREMATION BALTIMORE, MARYLAND Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



E CASE NO.	CEASED			2 DATE AND	HOUR PRONOUNCE	ED DEAD	
pe or Print)	WILL	IAM H.	DEWITZ	2, 5011 0115		10/65 1:55 p. M.	
PLACE IN BALT	TIMORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where of	deceased lived. If insti	itution: residence before odmission	
LL NAME OF	ALE MOT IN HOSPIT	AL OR INICTIT	ITION CIVE STREET	A. STATE Maryland	B. COU	Balto.	
SPITAL OR	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside	corporate limits, write	RURAL and give township)	
				Baltimor		65-00	
C	t Amon IIon	- 2 4 -7		D. STREET ADDRESS (If rurol,			
SEX	t. Agnes Hos	•	NEVER MARRIED	1030 E1	m Ridge Rd.	If Under 1 Yr. If Under 24 Hrs.	
male	white		DIVORCED (specify)		9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
		marr		Feb 15,1897	68	Do Citton Of	
e during most of	working life, even if retired)			Y 11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?	
Tet. AS	semblyline	West	inghouse	Baltimore, M	d.	UDA	
LWILLEY 2 HAN	William D	ewitz		Mary Wilkins			
WAS DECEASE	D EVER IN U.S. ARMEI		16. SO CIAL	17. INFORMANT		ADDRESS	
s, no or unknown	(If yes, give wor or dot		SECURITY NO.				
yes	WW 1				witz 1030	Elmridge Ave.	
1B. 4-2	211		CAUS	OF DEATH		ONSET AND DEATH	
DISEA	SE OR CONDITION D		Anta	mionalements and		31	
(This does	not meon the mode of osthenio, etc. It meon		(A) DUE TO	riosclerotic card	tovascular	disease	
injury or con	, osthenio, etc. It mean mplication which coused	deoth.)					
A	ANTECENDENT CAUS	ES					
DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)				
UNDERLYIN	RE ABOVE CAUSE (A) S	TATING THE					
			(C)				
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTU	NG				
TO THE	DEATH BUT NOT RE	LATED TO T					
	OPERATION 198. COL		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONSIDERED	
6	WAS PE	RFORMED			N CERTIFYING CAUS		
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (I	f in Boltimore City, gi	ve exact location)	
UTING CAU	OR CONTRIB-	etc.)	, tom, toctory, street,	office bldg., INJURY OCCUR?			
21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROX.)				WHILE			
22.		m. \	WORK LAT W	ORK			
I cer	tify that I held an		- 16		s basis, death in m	<u> </u>	
resul	ted from: Natural co	uses X	Accident Suicio	le Homlcide U	ndetermined manne	or	
ACTUAL			125/	CHIEF MEDICAL EX		DATE SIGNED	
SIGNAT		2 U,	7 M.D	ASSISTANT MEDICAL EX	AMINER X		
EXAMIN		- 17 0/	7 -	ASSOCIATE MEDICAL EX	AMINER	10/10/65	
NAME (itz, M.D.	CREAMATORY 23D LC	CATION (City,	town, or county) (Stote)	
MOVAL (Specif	y)					town, or coomy, (store)	
Burial	13 Oc	-	alto. Natio		ltimore,	Md.	
A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	Sterling Fu	neral Est	at e	
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Deceased e on the ath. Such	TINAME OF DECEASED	1/	2. DATE AND HOUR OF		
- 0 -	3. PLACE OF DEATH IN BALTIMORE		4. USUAL RESIDENCE (Where deceosed		
(5) and ded		pital or institution, give street	A. STATE B. COUNTY LATU (AU) C. CITY OR TOWN (If outside city limit	ts, write RURAL and give township	
d cau	FRANKLIN SOLUAN	IE HOSPITAN	D. STREET ADDRESS (If rurol, give loc		
contribu etermine n regula sceased on is mad	S. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)	8. DATE OF BIRTH 9. AGE (In y lost birthdoy) Fo	Months Doys Hours	
nde de	done during most of working life, even if retir		RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
(4) U h wa n the dispos	13. FATHERS NAME		14. MOTHER'S MAIDEN NAME UN KNOW N		
kind; kind; death nce on final di	15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or	dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT PO ANNA Wall 17	708 Mosher	
examiner. (3) A fractur in who pror in regular is are embal	(This does not mean the mode heart foilure, osthenia, etc. It me injury or camplicotion which countries of the countries of the countries of the countries of the obove course underlying condition last.	il ony, giving (A) stating the (C)	vahro urscular scai	osis	
edical Surns; hysicia n was emain	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN		-1		
	DISEASE OR CONDITION CAUSIN	NG IT.	tean to delightated	~	
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easea to the hospital by a mident of any nature; (2) Body lacspital (except where the ply death); and (6) No physicial must be obtained before the	19A. DATE OF OPERATION 19B. (WAS) 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. Time (Month) (Doy) (YOF INJURY (APPROX.) 22. I certify that (I) (this hosp that (I) (we) last saw the deceand have and from the causes 23A, SIGNATURE	PERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Work Notatl) attended the deceased from stated abave. (1) (We) (did) (did nat	/hile 21F. HOW DID INJURY OCCUR 21F. HOW DID INJURY OCCUR /hile 19	Boltimore City, give exact location	
riedsed to the hospital by a micident of any nature; (2) Body l hospital (except where the plate death); and (6) No physicial must be obtained before the	19A. DATE OF OPERATION 198. (WAS) 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (YAPROX.) 22. I certify that (I) (this hosp that (I) (we) last saw the deceand have and from the causes	PERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Not Work At Wo stated above. (I) (We) (did) (did nate) M.D. A	win or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR (hile 19 ta	e Boltimore City, give exact location	

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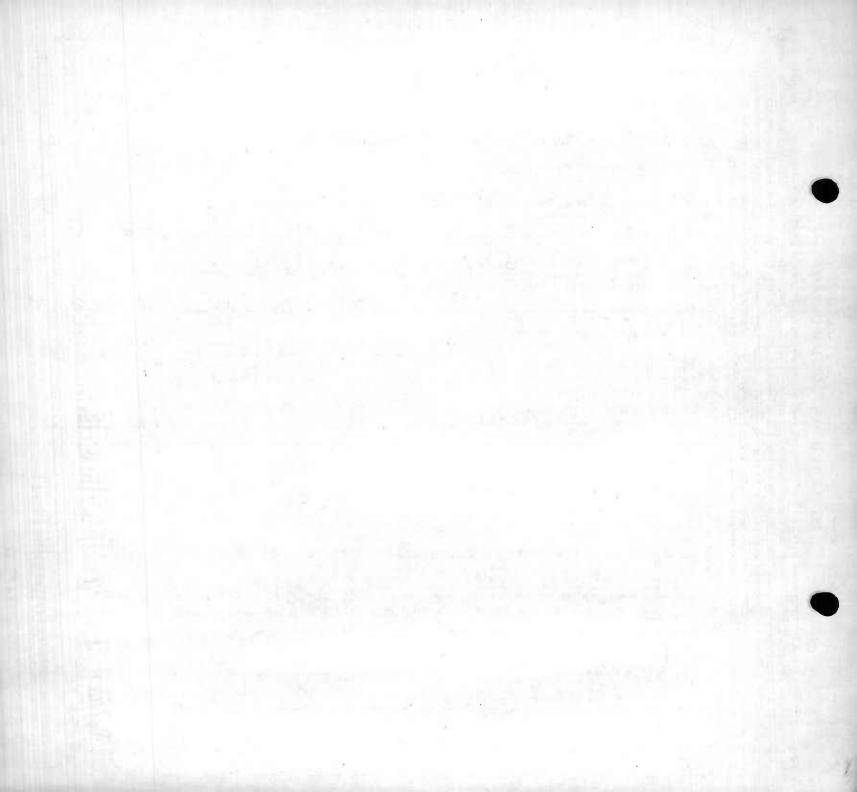
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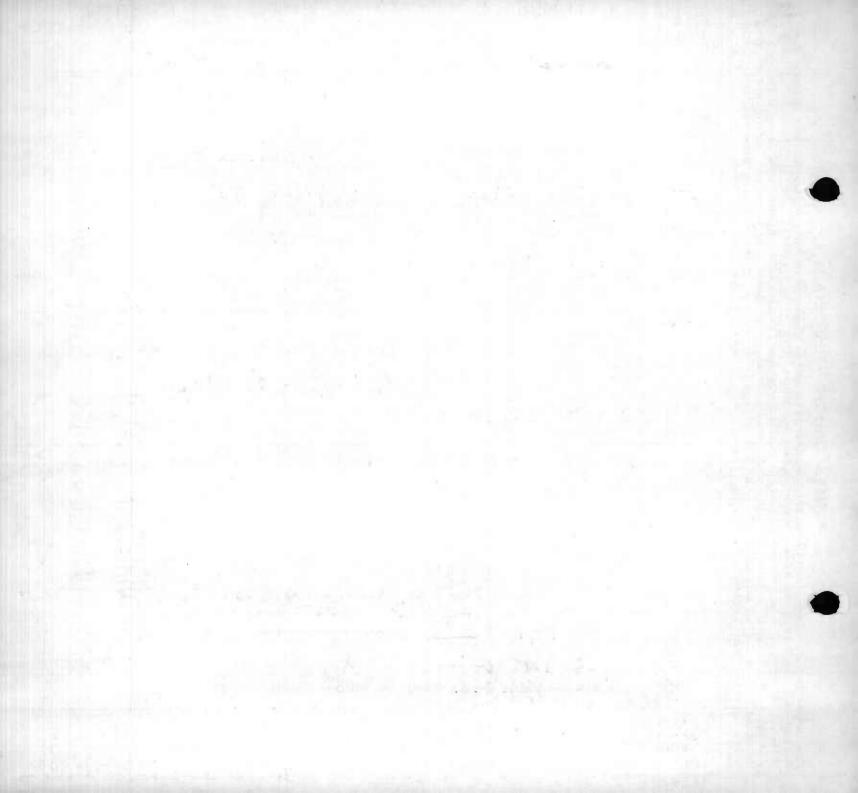


	65	10495		BALTIMORE CITY HEAL	TH DEPARTMEN	IT.	65 10495	
BIRTH			CAL EX	CAMINER'S CI	ERTIFICAT	TE OF DEATH Reg	sistered No	
M.E.	CASE NO.							
1. NA	AME OF DE	CEASED				2. DATE AND HOUR PRONO	UNCED DEAD	
		CHARLES	HENRY		HINGTON		10/8/65 3:00 p.	м.
		TIMORE, MARYLAND, W			A CTATE	ryland	f institution: residence before odmi	ission)
HOSP	NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1						altimore	1603	
9		Provident Hos	spital			RESS (If rurol, give location)		
5. SE)		6. RACE	-	NEVER MARRIED	8. DATE OF BIRT	H 9. AGE (In y	eors If Under 1 Yr. If Under 2	4 Hrs.
	male	colored	Marr	ied (sep.)	June 2	1. 1921	Months Doys Hours	Min.
		UPATION (Give kind of work working life, even if refired)	TOB. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12- CITIZEN OF WHAT COUNTRY?	
	THER'S NAM				Baltime	ore, Md.	U.S.A.	
13. FA								
	AS DECEASI	arles H. Wa	FORCES?	16. SO CIAL	17. INFORMANT	Butler	ADDRESS	
	No or unknown	(If yes, give wor or date	s of service)	SECURITY NO.	Wilham	ina Broadway	inden N.J.	
18	F 9	03,4	DVIE	CAUSE	OF DEATH		INTERVAL BETWO	
	DISEA	SE OR CONDITION DI	RECTLY				OKSET AND D	
	(This does	LEADING TO DEATH	dvina e.a.	(A).Cranio.	cerebral :	injury		
	he of foilure	e, osthenio, etc. It meons	the diseose.	501.10		7.0		
		ANTECENDENT CAUSE	S					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO				
7		NG CONDITION LAST.		{C}	• • • • • • • • • • • • • • • • • • •			
		II						
ERTIFICATION	TO THE	ENIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO T					
CERT		F OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No.) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
V 2	A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (If in Boltimore Ci	ty, give exact location)	
		SOR CONTRIB- JSE OF DEATH.	etc.)	street, o	in :	front 1519 Riggs	Ave. 16-00	
\sum_{2}	D TIME	(Month) (Doy) (Year	r) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?		
0	APPROX.)	10 1 65	?	WHILE AT NOT	WHILE app	arently fell on	head	
2	2, I cer	tify that I held on I	nquiry 🗌	Inspection Aut	opsy X on	d that on this bosis, death	In my opinion	
	resu	Ited from: Notural co	uses A	Accident Suicide	e Homici	ide Undetermined n	nonner 🗌	
				15/0		EDICAL EXAMINER	DATE SIGN	ED
	SIGNAT		en 11.	5 M.D.		EDICAL EXAMINER		
	EXAMIN NAME (. Spitz	, M.D. S	ASSOCIATE M	MEDICAL EXAMINER	10/8/65	
	BURIAL CRE	EMATION, 23B. DATE	23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION	(City, town, or county) (Sto	ote)
	rial		.2/65	Arbutus Men	. Pk,	Arbutus,	Maryland	
24A.	DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR	ADDRESS	
L		1965 Robert	5 E, fa	abeu M.A	Skar	se A. Kelon X	148 N. Calhoun	Sy
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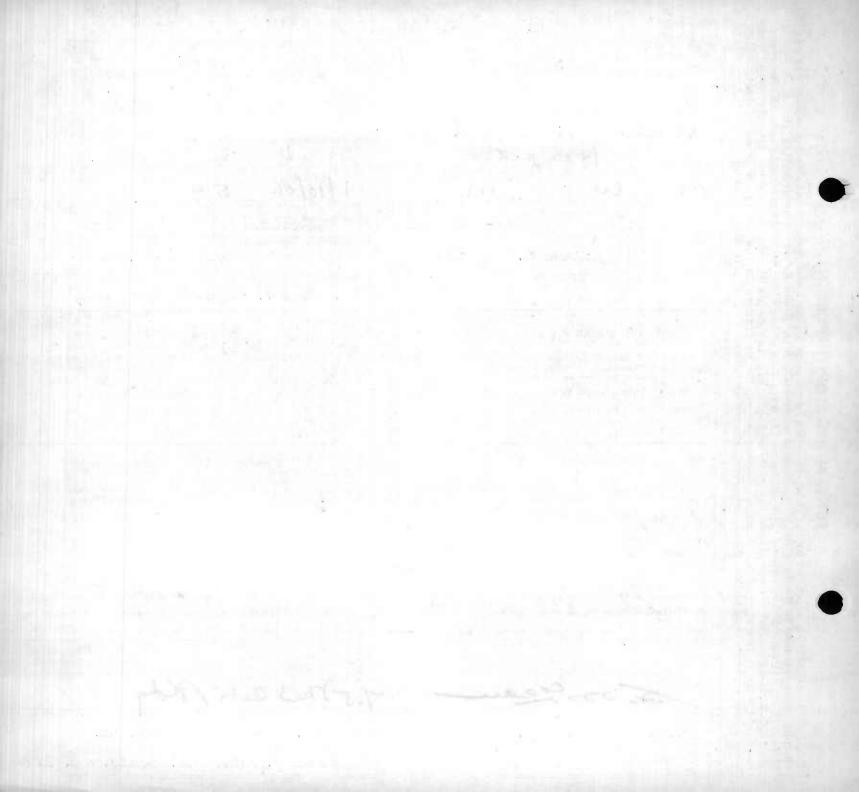


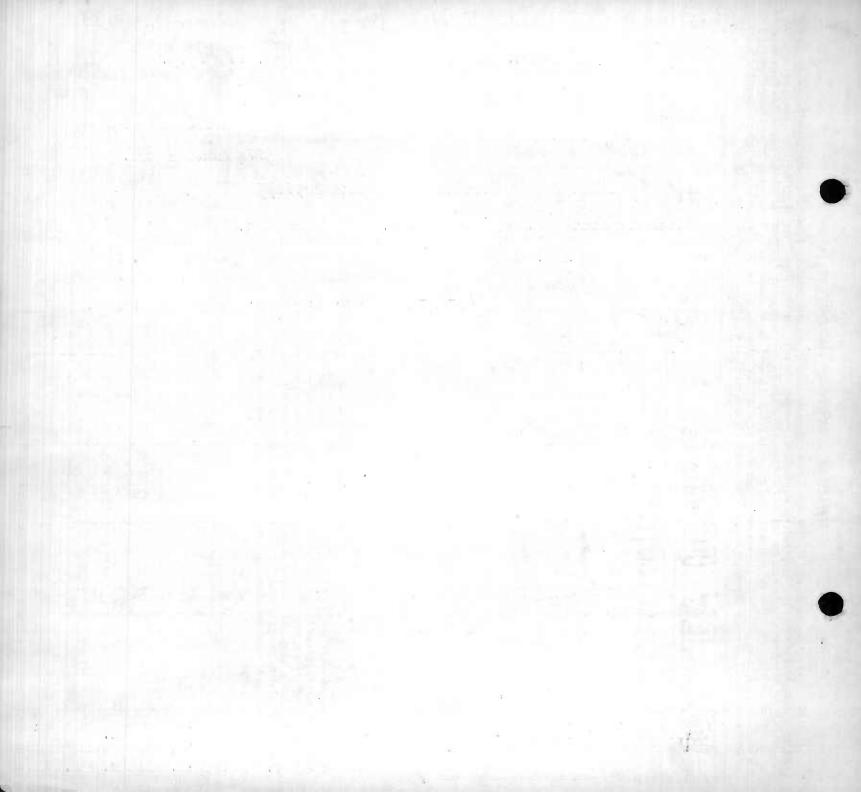
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IRTH NO. 65 10498		HEALTH DEPARTMENT	() .	10498
	CERTIFICA	TE OF DEATH	Registered Na	7 10 100
A.E. CASE NO. NAME OF DECEASED Charles	8 M	C Gerry 2. DATE AND	HOUR OF DEATH	4 50 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. CDUNT)		titution: residence before odmission
FULL NAME OF (If not in hospital or institu	ution, give street	md.	- /	Balla URAL and give township)
Union Men	anyal	Bact.		63-00
Hospi	tal.	5 20 ha	rol, give locotion)	Ivz.
	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working lile, even if retired) Se	nd of Business or Industry Lf-Employed	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
Charles H.	McGarry	14. MOTHER'S MAIDEN NAM	Bertha	Dreyer
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser	vice) 16. SOCIAL SECURITY NO.	Mrs. Anna T.	McGarry	(Same)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disinjury or complication which caused death.) ANTECEDENT CAUSES	seose,	usschute hea	faction of dries	INTERVAL BETWEEN ONSET AND DEATH 3 Lozz
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION lost.	giving The (C)			
DTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	208. IF YES, WERE F	INDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION		208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
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